2012

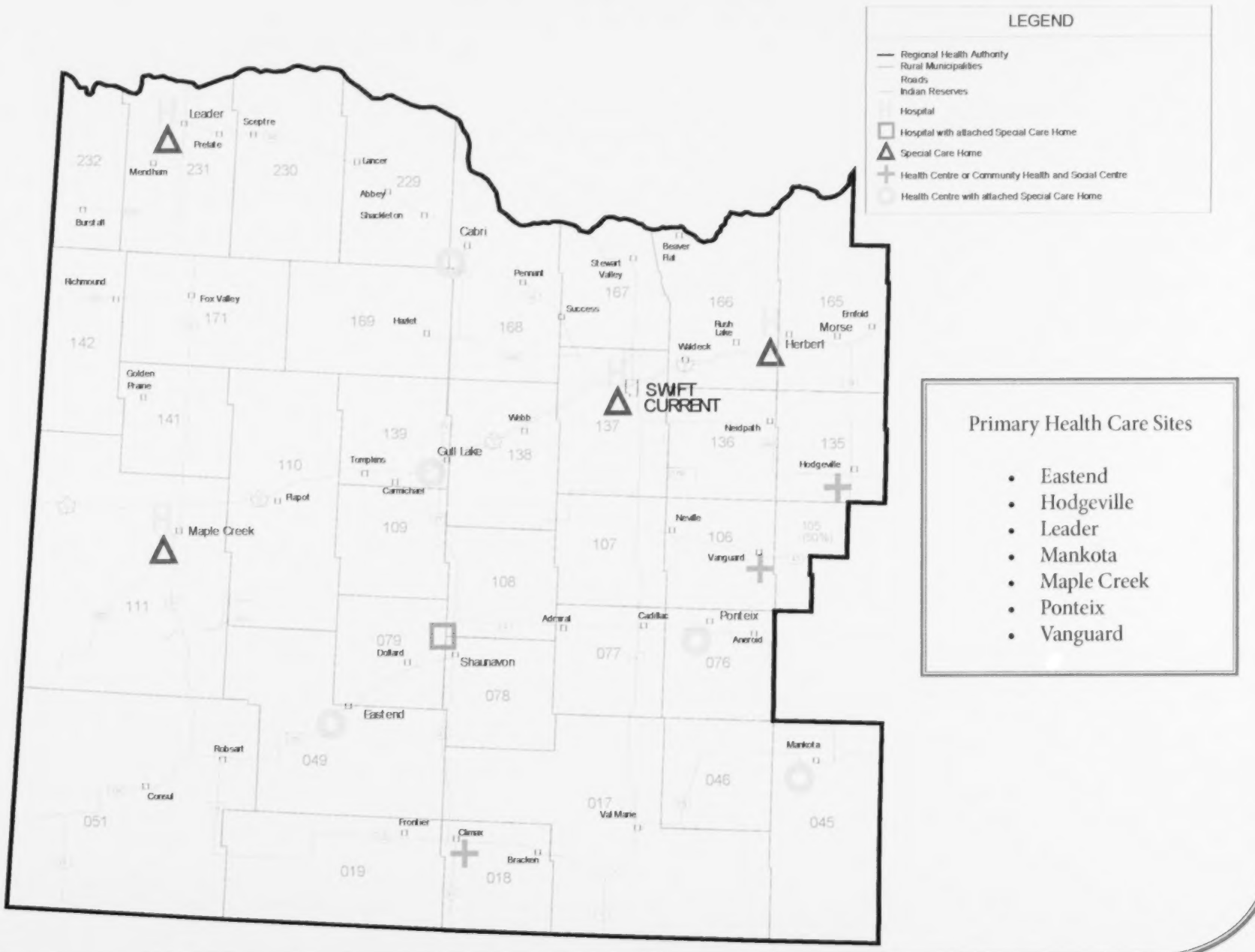
CYPRESS HEALTH REGION

Annual Report to the Minister of Health

For the fiscal year ending March 31, 2012

LEADERS IN RURAL HEALTH EXCELLENCE

Cypress Health Region



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The Cypress Health Region's

Annual Report to the Minister of Health

For the year ending March 31, 2012
can also be accessed on the region's website:
www.cypresshealth.ca/publications.htm

Cypress Health Region

Congratulations on meeting national standards of excellence in quality care and service.

ACCREDITED • AGRÉÉ
2010-2013

Félicitations pour avoir atteint les normes d'excellence nationales en matière de qualité des soins et des services.

TO: The Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan:

The Cypress Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2011-12 Annual Report. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2012.

On behalf of the members of the Cypress Regional Health Authority, I would like to acknowledge the progress and successes that our team of health providers has enjoyed over the 2011-12 fiscal year. Of note, we would like to acknowledge several accomplishments, among many others:

- Continued focus on Lean methodology to increase efficiencies and keep the focus on continuous improvement for the patient;
- Development and increased awareness regarding the philosophies and values associated with *Patient Family Centered Care*;
- Substantial achievements in relation to the Attendance Support targets and support for the Saskatchewan Surgical Initiative as determined by the Ministry's *Strategic and Operational Directions*;
- Sod turning for the newest health facility in southwestern Saskatchewan, the Southwest Integrated Healthcare Facility in Maple Creek; and,
- Ongoing progress and expansion of the *Releasing Time to Care: The Productive Ward™* initiative within three departments at the Cypress Regional Hospital.

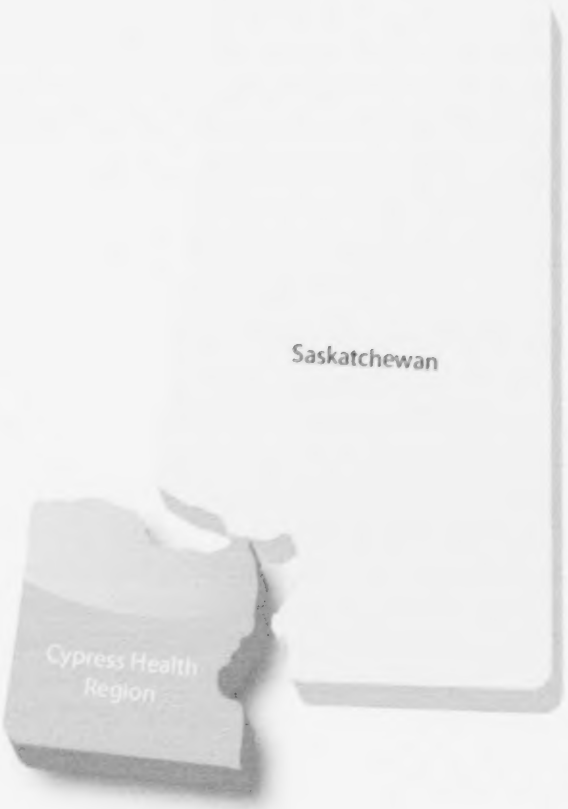
The contributions of our staff and physicians are essential to the successes achieved by the Cypress Health Region. Their ongoing commitment and dedication to quality health care and putting the patients first in everything they do is to be commended.

We appreciate the positive working relationship that exists with the Ministry of Health. Our team looks forward to playing a role in the continued transformational change for the health system, and we are committed to improving access to health services that provide 'Better Health, Better Care, and Better Value' for our residents of southwestern Saskatchewan.

Respectfully submitted,

Tyler Bragg
Chairperson
Cypress Regional Health Authority

The Cypress Regional Health Authority was established on August 1, 2002 with the proclamation of *The Regional Health Services Act.* The Authority assumed the operations of the former Rolling Hills, Southwest, and Swift Current Health Districts as of this date. The Cypress Regional Health Authority (RHA) is one of 12 Regional Health Authorities that exist within the province and is located in the southwest corner of the province of Saskatchewan. For most purposes the organization uses the operating name 'Cypress Health Region' and refers to the governing board as the 'Regional Health Authority'.



The Annual Report to the Minister of Health presents the Cypress Regional Health Authority's activities and results for the fiscal year ending March 31, 2012. It reports on public commitments made and other key accomplishments of the RHA. As per *The Regional Health Services Act*, the preparation of an annual report is a legislated requirement of all regional health authorities in the province.

Results are provided on the publicly committed strategies, actions, and performance measures identified in the Health Region's strategic plan. This report also demonstrates progress made on RHA commitments.

The Cypress Health Region utilizes a variety of weekly, monthly, and quarterly reporting tools (including a 'Regional Scorecard', quarterly SOD {Strategic and Operational Directions} updates with its management team, utilization of Health Quality Council's *Quality Insight Online,* and regular Senior Leadership Team/Regional Health Authority discussions) to monitor the performance measures and quality indicators that are an essential part of the strategic direction. This monitoring of the Region's performance throughout the fiscal year is based on the most recently available data and information.

The 2011-12 Annual Report provides an opportunity to assess the accomplishments, results, lessons learned, and identifying how to build on past successes for the benefit of the residents within the geographic boundaries of the Cypress Health Region.

The Minister of Health is responsible for the overall strategic direction of Saskatchewan's health system, determining provincial health service priorities, and allocating resources for service delivery. The Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of the health services it provides within the boundaries.

An *Accountability Document* between each RHA and the Ministry of Health further specifies the organizational program and service expectations and links expectations with funding. It complements existing legislation, regulations, contracts, and ministerial directives and policies. All assumptions, accountabilities, and expectations of the RHA are prepared within the strategic framework outlined in the Ministry's *2011-12 Strategic and Operational Directions for the Health Care Sector* (SOD).

It is the intention of the Cypress Regional Health Authority to strategically align itself as an essential contributing partner in the delivery of health care services in the province of Saskatchewan. As such, our priorities are closely guided by the Ministry of Health's 'Pillars for Planning'.

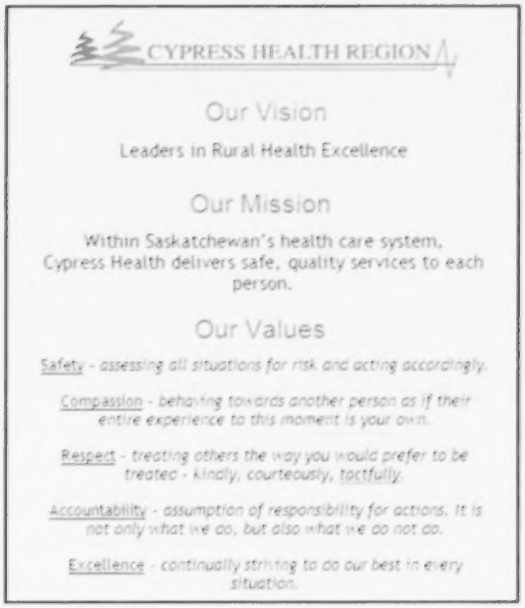
Pillars for Planning

Strategic Focus	1. HEALTH OF THE INDIVIDUAL	2. HEALTH OF THE POPULATION	3. PROVIDERS	4. SUSTAINABILITY
Goals	1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations	2.1 Improve population health through health promotion, protection and disease prevention	3.1 Work together to build a workplace that supports the adoption of both patient- and family-centered care and collaborative practices	4.1 Achieve best value for money while improving the patient experience and population health
	1.2 Achieve timely access to evidence-based and quality health services and supports	2.2 Collaborate with communities, other ministries and different levels of government to close the gap in health disparities	3.2 Work together to create safe, supportive and quality workplaces	4.2 Improve transparency and accountability through measurement and reporting
	1.3 Continuously improve health care safety in partnership with patients and families		3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers	4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations

5. SUPPORTIVE PROCESSES		
5.1 Benchmark and model world-class high-performing health systems	5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies	5.3 Leverage technology to achieve improvements in patient care and system performance

The Cypress Health Region is supportive of the strategic direction set out in the provincial government's approach for health care. In consideration of this support, the RHA developed a series of strategic statements that reflect the provincial approach to continuous improvement and our commitment to health care quality for the people of southwest Saskatchewan.

A revised strategic plan for the Cypress Health Region was implemented on April 1, 2010 and is reflective of the planned strategic focus areas for the 2010-2013 fiscal years. The RHA and Senior Leadership Team received input from staff, physicians, and other stakeholders to develop the new strategic direction including a new vision statement, mission statement, value statements, and focused areas of attention which mirror the Ministry's 'Pillars for Planning'.



It also took into account a variety of other organizations and sources to provide guidance and direction. These included, among others:

- Ministry's supporting frameworks and documents including the 'Voice of the Customer', 'Customer Engagement and Service Delivery Expectations', and 'Patient Family Centered Care';
- the *Patient First Review*;
- Accreditation Canada;
- Health Quality Council of Saskatchewan;
- Best Practice research and programming from high performing health organizations across the world;
- Feedback from community consultations; and
- Local customer feedback mechanisms.

The strategic focus of the Region was adjusted for the 2011-12 fiscal year to mirror the Ministry's additional priorities as outlined in the SOD document.

The plan includes a strategic regional and program-specific 'scorecard' which serves as a key summary tool to guide staff with operational planning and also serves as an accountability and transparency factor for the RHA. The scorecards have been developed to reflect the Ministry's SOD relating to the establishment of targets, provincial and regional initiatives, performance measures, and the tracking of results on a quarterly basis. The RHA receives regular quarterly updates on the status of the Region's performance against its stated performance measure requirements and the activities in place targeting the achievement of them.

Members of Cypress Health's Performance and Quality Management team partnered with their colleagues at the Health Quality Council to become the first provincial health region to post their SOD-related performance indicators on *Quality Insight Online* (www.qualityinsight.ca). This initiative provided a higher level of public transparency and accountability, but it also served as an internal resource for the Region's staff and Regional Health Authority members to stay abreast of the performance measures over time. As part of this project, Cypress staff participated in video blog segments that portrayed their journey in performance measurement and accountability.

As is always the case, a variety of external issues, factors, trends, opportunities, and threats are taken into account when exploring options for program and service delivery:

- Continued emphasis on 'putting the patient first' – best practice consideration of Patient Family Centered Care approaches in everyday activities and planning exercises, relationship building, engagement with patients and their families;
- Rapid pace of emphasizing the necessity to constantly explore opportunities for quality improvement activities and means of finding efficiencies – Releasing Time to Care™, Lean, Patient Family Centered Care, Accelerating Excellence, Institute of Health Improvement's Perinatal Collaborative, provincial Shared Services processes, ongoing emphasis on the Cypress Health Employee Staffing Strategies (CHESS) program, among others;
- Culture of safety – strategy development to maintain current technology and best practices to keep our staff and patients safe;
- Continued implementation of the 'Community Planning/Needs Assessment Process' in rural communities – initial projects in the communities of Ponteix and Cabri have resulted in a series of prioritized health needs which have been identified by community members and Health Region facilitators;
- Continual depopulation of our rural areas, especially amongst our younger to middle-aged population groups as we continue to find challenges with appropriate and sufficient numbers of staffing availability;
    - The dependency ratio within Cypress (that is, the proportion of individuals over the age of 65 and under the age of 20) is higher than the Saskatchewan and Canadian ratio.
- Continued emphasis on the recruitment of physicians in conjunction with local community physician recruitment committees, the College of Physicians and Surgeons of Saskatchewan, and the Physician Recruitment Agency of Saskatchewan;
- Trending shortages of health care professionals available in rural areas – may have to consider alternate care delivery processes in lieu of registered nursing coverage or availability of general practitioner on-call services; associated ongoing expectations for the provision of a full array of health services in lieu of these shortages.
    - Threat of registered nursing retirements – there are 47 of 298 (15.77%) current RNs that have met the 'rule of 80' (i.e. age plus years of service to equal 80, for pension plan eligibility criteria) and could retire during the calendar year 2012. As we look at the 3 year window for 2012-2014, 69 of 298 (23.1%) of current RNs will meet the 'rule of 80' and could retire. Cypress Health is facing the highest percentages in the province, with the provincial average at 15.3%.
    - Exploration of multi-disciplinary teams in communities, which would allow for staffing pattern flexibilities. For example, building on the initial successes seen in the 'EMS Paramedicine Project' where members of the emergency medical services staffing assist home care with responsibilities and tasks in patients' homes.
    - Potential utilization of technological advancements to assist in 'pushing' services to the patient versus 'pulling' patients to the service.

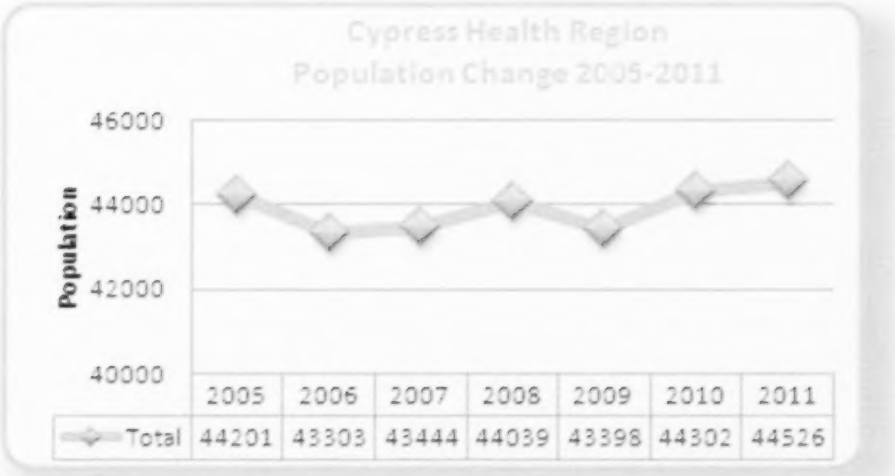
Along with the many challenges that health care is associated with, there are many opportunities that Cypress Health wishes to take full advantage of. The Health Region is working hard to create a quality working environment for our health care team and, equally as important, we are seeking out new ways to share our expertise and knowledge with patients so that they can make the most of their health and well-being.

During this past year, the Region has been active participants in planning for the next phase of strategic planning in the provincial health system – *Strategy Deployment* or *Hoshin Kanri*. This strategy prioritization will involve continued engagement of staff at all levels of each health region and the Ministry of Health.

It will provide the opportunity to collectively determine the system's strategic priorities and determine how the desired results will be achieved. As we look ahead to the strategic planning opportunities that lie ahead in the future, the Region will be a partner with the Ministry of Health. For more information on the Ministry of Health's strategic direction please visit www.health.gov.sk.ca/strategic-direction.

Cypress Health will continue to dedicate the resources available to us towards the attainment of our strategic vision statement – *'Leaders in Rural Health Excellence'.*

As a vital partner with the provincial government and the Ministry of Health, the Cypress Health Region provides health services to nearly 80 rural and urban municipalities in the geographically diverse southwest corner of Saskatchewan. The Region stretches from the South Saskatchewan River (its northern border) to the United States of America (southern border) to Alberta (western border) and east until the Morse/Mankota area. It currently has a population of 44,526 residents (as per the Ministry's *Covered Population Report* dated June 30, 2011 – *see Appendix 'C' for website information*) spread over a land mass of approximately 44,000 square kilometers. The Region has a diverse population including 30 Hutterite communities (approximately 50% of all Hutterite communities in the province) and one First Nations community. Nearly 6% of the Health Region's population is comprised of the Hutterian culture.



Source: Health Information Solutions Centre, Saskatchewan Ministry of Health, Covered Population

Services

As of March 31, 2012 Cypress Health employed almost 1,700 staff members who provide a wide variety of facility-based and community-based programs and services in our 20 facilities, communities, and individual's homes. The regional office is located in the city of Swift Current which is the largest community in the region and the location of its only specialized Regional Hospital.

Services provided throughout the region include: acute care (1 Regional Hospital and 4 community hospitals), specialized acute care services (renal dialysis, community oncology, computed tomography, surgery, intensive care, obstetrical, etc.), health centres, primary health care sites, long term care (10 communities with facilities), emergency medical services (21 ambulances in 12 ambulance sites), home care, chronic disease management, mental health and addictions, and population health. Community health services are provided via community facility locations and other buildings. The Region's website (www.cypresshealth.ca) includes more information on the services provided at each site throughout the Health Region.

On the right is a sampling of service volumes provided in 2011-12 in the Cypress Health Region.

CYPRESS HEALTH REGION

Service	2011/12	2010/11	Variance
Inpatient Days	27,139	25,881	4.6% ↑
Inpatient Days - Newborn	909	914	0.01% ↓
Chemotherapy - Treatments	1,221	1,142	6.5% ↑
Laboratory - Outpatient Visits (Hosp.)	46,314	44,473	3.6% ↑
Addiction Services - Total Hours	5,106	5,391	5.3% ↓
Community Therapy - Total Visits	4,991	4,263	14.6% ↑
EMS Code 4 Calls - (Emergency Calls)	1,087	1,112	2.2% ↓

Partners and Health Care Organizations

The Cypress Health Region works closely with a number of independent health care organizations and third party health service providers to deliver programs and services to residents of our Health Region. *The Regional Health Services Act* defines a 'health care organization' (HCO) as:

- *A prescribed organization that receives funding from a RHA to provide health services; or,*
- *An affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.*

Under the legislation, HCOs must provide health services consistent with the Health Region's operational plan and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contractual agreements are in place between the RHA and the HCO that set out the health services to be provided by the HCO and the funding to be received through the Health Region. HCOs are required to submit audited financial statements and statistical information to the Health Region.

These relationships include:

- Foyer St. Joseph – affiliate organization. They provide long term care services in the community of Ponteix and are physically integrated with the Region-owned Ponteix Health Centre facility.
- Private Ambulance Service Operators – located in the communities of Frontier, Gull Lake, Swift Current, Ponteix, and Val Marie.
- McKerracher Support Services Inc. – provider of independent living services for individuals suffering from a long-term mental illness.
- Canadian Mental Health Association – provider of day programming for individuals suffering from long-term psychiatric disorders.

The Health Region has a representative that attends and participates in meetings of the McKerracher Support Services and Canadian Mental Health Association Boards. This relationship is intended to provide support, consultation, and liaison function between the organization and the Health Region. In addition, monthly program meetings are held between representatives of the organizations and Health Region where joint client case planning is coordinated.

The Dr. Noble Irwin Regional Healthcare Foundation is a key partner with the Cypress Regional Health Authority. The Foundation is an independent organization that is managed and governed by a separate management and governance team, and serves as the primary fundraiser for the Region. It works in conjunction with individual and community-based donors to raise and invest funds in capital and educational initiatives that enhance health care services in the southwest corner of the province. Regular discussions are held between the management teams of the Foundation and the Region to coordinate initiatives that meet the strategic directions of both entities. As well, members of the respective Boards meet to ensure that the governance issues are maintained.

Additional information regarding the Foundation's partnership with the Region, its successes and initiatives, and ongoing projects can be found by visiting their website at www.drirwinfoundation.com/.

Governance

According to *The Regional Health Services Act*, there are to be 12 members serving on the Cypress Regional Health Authority and they are appointed by the Lieutenant Governor in Council. These members (often referred to as 'the Board') represent the diversity of the Health Region from a mixture of rural and urban backgrounds.

As of March 31, 2012 a total of 10 members including the Chairperson and Vice-Chairperson governed the Cypress Regional Health Authority. These members were appointed by the Minister of Health in February 2009. The members are:

- Tyler Bragg – Swift Current (Chairperson; Member of Executive Committee)
- Ronald Heeg – Swift Current (Vice-Chairperson; Member of Executive Committee)
- Pam Busby – Leader
- John Duncan – Maple Creek
- Don Lewis – Maple Creek
- Lyle Quintin – Swift Current (Member of Executive Committee)
- Judy Smith – Mankota
- Larry Stephens – Swift Current (Member of Executive Committee)
- Brian Whiteside – Swift Current
- Terry Wilson – Morse

Board of Directors

Back Row Left to Right: John Duncan, Lyle Quintin, Don Lewis, Tyler Bragg (Chairperson), Brian Whiteside

Front Row Left to Right: Larry Stephens, Pam Busby, Terry Wilson, Judy Smith, Ron Heeg (Vice-Chairperson)

The Regional Health Services Act defines the roles and responsibilities of the Minister of Health and the Regional Health Authority. The Minister and the Regional Health Authorities work in conjunction to ensure coordinated province-wide planning for the health system.

The RHA is responsible for the planning, organization, delivery, and evaluation of the health services it is to provide within its region or any other area directed by the Minister. Specifically, the RHA is responsible for:

- Strategic planning;
- Fiscal management and reporting;
- Building and maintaining key relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation, and reporting of performance indicators; and,
- Monitoring the management and performance of the Authority and Chief Executive Officer.

The Cypress Regional Health Authority discusses issues as a committee-of-the-whole and is supported by the existence of an Executive Committee, whose responsibilities are determined by Authority-approved Terms of Reference. The Authority will utilize ad hoc committees, whose membership will consist of Authority members, the Chief Executive Officer, and other members of the Senior Leadership Team (when required) to deal with specific issues.

Regional Health Authority Meeting

Members of the Health Quality Council join Cypress Health Region staff members and the Cypress Regional Health Authority at a Board Meeting held in 2011.

To support the Authority in fulfilling its responsibilities, members participate in a variety of other committees including (but not limited to) the Leadership and Partnerships Quality Team, other Quality Teams, Ethics Committee, Community Leadership Networks, provincial Governance Committee, and the Saskatchewan Association of Health Organizations (SAHO) Board of Directors.

Board members report to their colleagues at regular monthly Board meetings regarding their participation in, and activities of, the committees.

Community Consultations

The Regional Health Services Act requires each Authority to develop a process where public input and feedback is solicited to provide the Authority with advice respecting the provision of health services in the Health Region. These opportunities to consult with the 'community' provide information on broad issues related to the health of the community and help the Authority to better understand the needs and priorities of communities and their residents.

In the past, a series of five geographically-established Community Leadership Networks was established. These networks were comprised of representatives from the 80 municipal councils within the Health Region's boundaries. Discussions have taken place with each of the Networks on an individual basis and in a collective effort – however, there have been no 'formal' Network meetings scheduled during the 2011-12 fiscal year. There will be a minimum of two formal Network meetings during the next fiscal year that will focus on applicable issues to all of the municipal councils throughout the Region, including the exploration of alternate models of service delivery in rural areas and health professional recruitment/retention.

Instead, the Authority has extensively utilized a more informal community consultation structure that takes advantage of existing intersectoral relationships that are already in place. Board and administration representatives have welcomed the opportunity to visit municipal councils across the region to discuss health care concerns and issues specific to that community and surrounding area. This approach will continue into the future as the Board attempts to enhance its open and transparent relationship with its municipal partners. A prime example of these municipal meetings have been the extensive conversations with municipal and community leaders in several communities who are experiencing temporary disruptions of services due to the unavailability of appropriate levels of professional nursing and physician on-call coverage.

During the fiscal year, there has been extensive consultation with groups of municipal councils and community champions in relation to the ongoing planning of capital projects in Maple Creek, Swift Current, and Leader. As well, the partnership established with the Chinook School Division, which has very similar geographical boundaries with Cypress Health, has been continued and enhanced with joint discussions and ventures on specific issues.

Other consultative processes that are being utilized include discussions at Regional Intersectoral Committee meetings, Southwest Municipal Government Forums, Chambers of Commerce, education and community stakeholder groups, and former health district-related advisory and trust committees. Specific examples include Emergency Medical Services staff relationships with Emergency Measures Organizations (EMO) across the region, development of Community Action Teams to engage communities in the Population Health Promotion Strategy and the Southwest Drug Strategy Committee, Southwest Youth Council, and primary health care staff interactions with communities. The initiation of 'Community Planning Processes' in the communities of Ponteix and Cabri have been very successful, and additional consultation projects will be planned for other rural communities in the upcoming fiscal year.

The Region's emphasis on developing and incorporating the philosophies of Patient & Family Centered Care have resulted in a greater involvement of patient/family representatives on many planning committees and discussion meetings. The ability to have viewpoints presented from the perspective of the patient is paramount to the ongoing success of the Region's program and service delivery.

Emerging Health Issues

Emerging health threats can happen at any location within the Health Region, the province, nationally, or internationally. In conjunction with the Ministry of Health and Health Canada, the Cypress Health Region maintains an awareness of issues and deals with them on a priority basis.

The ever-increasing emphasis directed to **chronic disease management** will continue to play a role in our program and service delivery into the future. The incidence of diabetes, cardiac-related diseases, pulmonary infections, asthma, and other chronic diseases are increasing and strategies to combat the risk factors associated with these diseases will assist in addressing them. Continued partnerships with the Health Quality Council and *Safer Healthcare Now!* offer the Health Region with opportunities to address this ever-growing population health concern.

The Region's recently-released ***'Population Health Status Report'*** (see Appendix 'C' for additional information regarding this resource) provides a better understanding of what the identified major health issues and challenges are. As well, it highlights what residents can do to help optimize their own health and that of their community. Communicable diseases still circulate and chronic disease remains the highest cause of disease and death in the Region. Vigilance in prevention and control of these will be enhanced to enable better health.

The presence of viruses and other illnesses in our facilities and throughout southwest Saskatchewan have had a major impact on the Health Region over the past years. The Region's expanded orientation program has a greater emphasis on the necessities for proper **infection control measures** to be practiced and what to do when faced with an infection control issue. Continued educational awareness of the necessities for proper infection control by our staff and the general public can go a long way in reducing the spread of viruses and illnesses.

Infection Control - It's Everyone's Responsibility
Jackie Treen, Senior Public Health Inspector, stands next to the display booth at the Palliser Regional Care Centre during Stop! Clean Your Hands Day on May 5, 2011.

The Ministry of Health has set annual accountability expectations of Cypress Health for performance monitoring, regular reporting, and performance assessment. In addition, the Ministry's *Strategic and Operational Directives for the Health Sector* (SOD) identifies specific measures, targets, and initiatives to complement the program expectations within the *Accountability Document* and the *Pillars for Planning*. This information is captured within the Regional Scorecard and presented to the RHA on a quarterly basis, with monthly updates monitored by the RHA via the *Quality Insight Online* performance measurement project.

Cypress Health's strategic plan and scorecard reporting tool mirrors the Ministry's strategic direction and is captured in five strategic focus areas to provide a balanced perspective of the Region's performance. A summary of the RHA's key results, activities, accomplishments, and outcomes in 2011-12 are provided below.

Strategic Focus #1 – Health of the Individual

Desired Accomplishment: *Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations.*

Initiatives, Measures, Results

Upon discharge, hospital patients receive a 'HQC Patient Experience in Acute Care Survey'. This survey is coordinated by the Health Quality Council and it collects a variety of data including the following measures that monitor and track the performance in the area of acute inpatient care. The Health Quality Council offers an online version of these performance results and many more at www.qualityinsight.ca

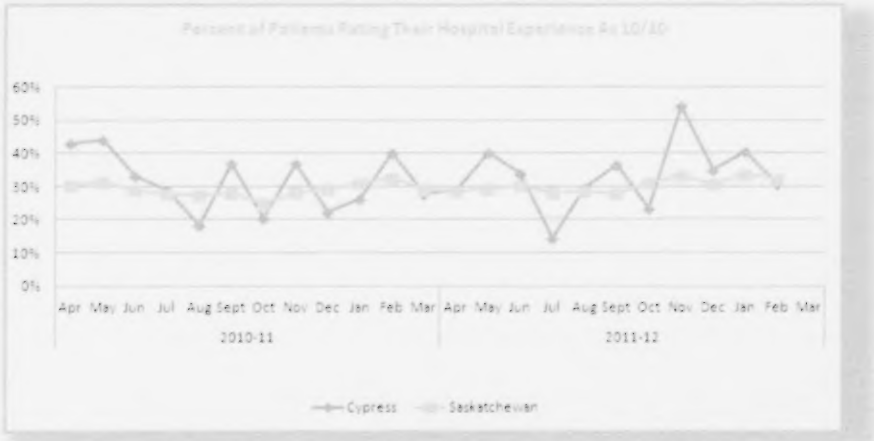
Clients rating their hospital experience as 10 on a scale of 1-10

This indicator reports on the percent responding 10/10, because evidence has shown that patient satisfaction scores are consistently skewed to the upper end of the scale. So, in order to obtain a true reading of exceptional care, the health system must focus on the proportion of patients who select the "top box" – the highest possible score as their response.

This indicator reflects current best practice in measuring the patients' experience of exceptional care. It also is the best information currently available in Saskatchewan to respond to the *Patient First Review* and report on patients' perceptions of their experience of their care in hospital.

In the case of the "Best Possible Hospital" question, where patients are asked to rate the hospital on a scale from 0 to 10, some people have commented that '10' is a pretty lofty goal for our hospitals. Fred Lee, author of *If Disney Ran Your Hospital: 9 ½ things you would do differently*, makes a compelling argument for the fact that anything less than the top score does not gain customer (or patient) loyalty. "Loyalty is harder to achieve than satisfaction, but it is not as hard as one might think. Whereas a patient who remembers nothing in particular about their hospital stay might give a 7 – 9 on the 10-point scale, a truly content patient will offer a '10'. This patient is also much more likely to share their positive story with friends and family." The trick to getting a '10', Lee explains, is simply for somebody (not everybody) to do something special beyond what is expected. It is the unexpected event that makes a stay memorable.

- *Fred Lee*
If Disney Ran Your Hospital



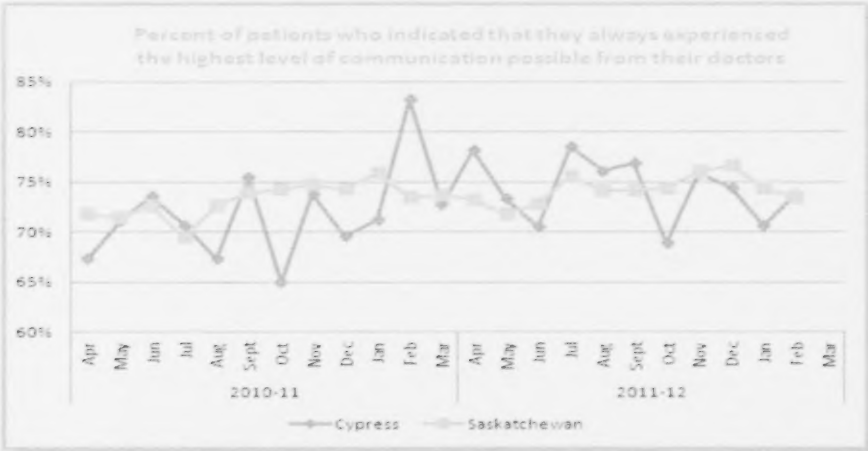
Source: Health Quality Council Patient Experience Survey, Quality Insight Online

When Cypress Health's patients were asked to rate their hospital experience on a scale from 0 to 10, 33.9% rated their visit as a '10 out of 10' in 2011-12. This represents an increase from 31.3% in 2010/11, but falls short of the Regional target of 37.1%.

Communication with Doctors

Communication with doctors has been identified by patients to be an important aspect of hospital experience reflecting on the quality of the hospital care they received. This is a composite indicator made of three individual questions:

- 'During this hospital stay, how often did doctors treat you with courtesy and respect?'
- 'During this hospital stay, how often did doctors listen carefully to you?'
- 'During this hospital stay, how often did doctors explain things in a way you could understand?'



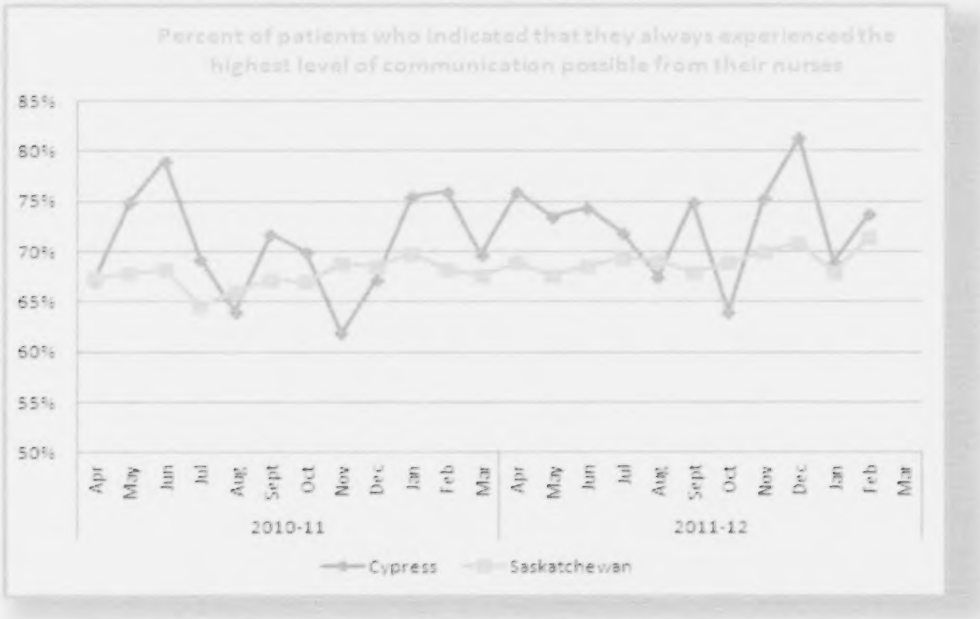
Source: Health Quality Council Patient Experience Survey, Quality Insight

Cypress Health Region saw an increase in the percentage of patients rating physician communication as optimal. From 72.0% in 2010-11 up to 74.2% in 2011-12, the increase exceeds the Region's stretch target of a 0.5% increase.

Communication with Nurses

Communication with nurses has been identified by patients to be an important aspect of hospital experience reflecting on the quality of the hospital care they received. This is a composite indicator made of three individual questions:

- 'During this hospital stay, how often did nurses treat you with courtesy and respect?'
- 'During this hospital stay, how often did nurses listen carefully to you?'
- 'During this hospital stay, how often did nurses explain things in a way you could understand?'



Source: Health Quality Council Patient Experience Survey, Quality Insight

A similar increase was observed for nurse communication. From 71.4% in 2010-11 to 72.7% in 2011-12, the Region exceeded its stretch target of 0.5% increase.

Substantial variation in the Region's monthly performance can still be seen on the three patient experience survey indicators; the hope is with future improvement work we will continue to drive the scores upward, sustain increases, and reduce variation.

Desired Accomplishment: *Achieve timely access to evidence-based and quality health services and supports.*

Initiatives, Measures, Results

SURGICAL INITIATIVES:

In conjunction with the Ministry of Health and other RHAs, Cypress Health is continuing to explore strategies to improve the efficiency, appropriateness, and effectiveness of processes involved in the delivery of surgical and diagnostic imaging procedures. As part of the *Patient First Review* and the *Sooner, Safer, Smarter: A Plan to Transform the Surgical Patient Experience* strategic documents, Cypress Health looks forward to playing a major role in the provincial goal to reduce surgical waitlists to less than three months for elective surgeries by the year 2014.

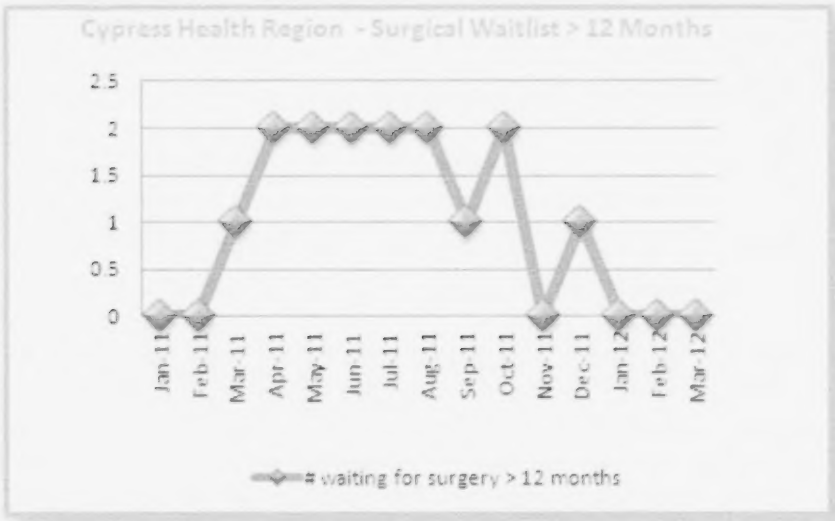
Number of surgeries performed – although the Region spent much of the fiscal year with only one permanent general surgeon on staff versus the full complement of two, the target number of 2300 surgeries was achieved and surpassed by a small margin. In comparison to the previous fiscal year, an increase of nearly 400 surgeries took place and as a result, all specialties (orthopaedics, ear/nose/throat, ophthalmology, etc.) increased in their overall numbers. In addition, the waiting list for endoscopies was substantially reduced from 13 months to 3 months with a related decrease in the overall numbers of patients waiting.

Surgery Performed as a Percentage of Target and Variance from Target

	2011/12	2010/11	2009/10	2008/09	2007/08	2006/07
Actual Number of Surgeries	2314	1934	1975	1789	2130	2208
Target Number of Surgeries	2300	2100	2100	2100	2100	1850
Actual as Percentage of Target	100.6%	92.1%	94.0%	85.2%	101.4%	119.4%
Variance of Actual from Target	14	<166>	<125>	<311>	30	358

Source: Saskatchewan Surigical Care Network (SSCN); Surgical Patient Registry data mart (Saskatchewan Health)
Data Provided By: Acute and Emergency Services Branch (AESB), Saskatchewan Health

Number of patients waiting more than 12 months for surgery – although there were a very small number of patients throughout the entire fiscal year who did not have their surgical procedure completed within 12 months, the Region has attained this objective for a number of months to complete the year. Throughout the year, surgeries have been performed within the target time according to the surgeons' scoring tool for each patient, with any exceptions rationalized by patient preferences and cancellations/postponements. With only one general surgeon on staff for the majority of the year and the successful recruitment of a second general surgeon, the Region is anticipating a steady progress towards the objective of no patient waiting more than 6 months for surgery by the end of next fiscal year.



Source: - Acute & Emergency Services Branch (AESB), Saskatchewan;
- Operating Room Manager Database

Invasive cancer surgeries performed within 3 week timeframe – the Region achieved this objective in 65 out of 67 total situations, with the two outstanding scenarios dependent on specific patient requests and issues that did not allow them to be prepared for surgery within the 3 week window. Ongoing discussions with the surgical team have identified the invasive cancer surgeries as high priority procedures and additional scrutiny will be used in scheduling them ahead of other elective/less priority procedures when required to do so.

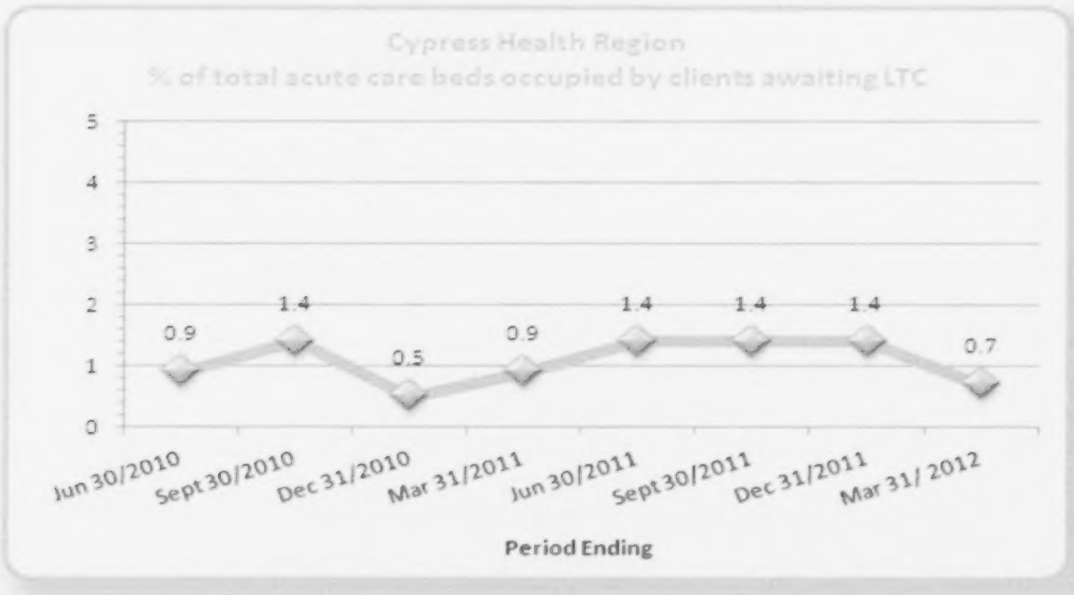
Surgical Information System (SIS) implementation – system was implemented in June 2010 and the benefits of it continue to grow. Cypress Health continues to be the only provincial health region that is fully operational in regards to SIS implementation, and the only region that is fully utilizing the endoscopy charting option available within the system.

ACCOMPANYING RESULTS:

Number of acute care beds occupied by clients waiting Long Term Care (LTC) placement – the Region has been very successful in achieving this target over the past couple of years, due to a variety of ongoing and new initiatives. The Region currently utilizes a variety of program beds (observation, palliative, respite) and emergency response beds throughout the communities' facilities which assist in transferring a client requiring long term care from an acute facility. The Region has developed protocol whereby clients in the province's tertiary facilities can be directly transferred to Cypress Health's long term care facilities if their health status has been determined to be medically stable. In addition to a well-established discharge care planning process in conjunction with home care programming, a targeted registered nursing staff member provides bed management coordination for the Region, and this position actively participated in the daily transfer and movement of clients throughout the Region's facilities, as the clients' care needs require.

The Cypress Assessment and Placement Committee (CAPC) meet weekly to assess patients from both hospital and community in relation to placement needs. Their efforts have been rewarded with successes in ensuring patients are placed in the first available bed, appropriate LTC facilities as per their needs, or returned to their home community with enhanced Home Care assistance. An ongoing challenge is providing first choice facility/community placement to patients/families. Bed allocation is completed immediately after each meeting and then ongoing throughout the week – depending on clients' needs and availability of beds.

Another key success is the recently-implemented Client Navigator position (see next bullet) who strives to transfer clients to the most appropriate bed closest to their home when it becomes known of a client in tertiary centres waiting to come back to our Region.



Home Care and Therapy supports – creation of a Client Navigator position has been instrumental in coordinating the movement of patients going to and coming back from tertiary centres for surgical procedures. Position collaborates with families and other health providers to determine the best location for a transferred patient, while minimizing the amount of moves they have to endure. Goal is to transfer all patients within 24 hours of receiving information that the patient is ready to transfer back from the tertiary centre. The position is part of the Provincial Discharge Planning Group and part of the Region's D-system implementation pilot project team.

Additional occupational therapy support provides postoperative care (home assessments, equipment prescriptions, hand/wrist therapy) to patients returning to their rural homes, which has aided in surgical patients rehabilitating in their homes versus acute facilities. All physical therapists are trained in the provincial Spine Pathway and are providing evidence-based treatment and knowledge.

Elective CT scan wait times within 90 days – 100% of all elective Computerized Tomography (CT) scans have been completed within 90 days. In fact, the Region's wait time for an elective CT has been reduced to 18 days from the 28 day wait time associated with March 2011. The Region's medical imaging staff performed CT examinations on a total of 3,375 patients – 4,074 examinations which equates to a 1.20 exams per patient ratio. This indicator displays prudent scrutiny by CT staff and Radiologists for appropriate utilization of the service.

CYPRESS HEALTH REGION

Number of Patients as a Percentage of Agreed on Target for CT Services

	Patients			Exams		
Year	Actual Number	Target Number	Actual as Percentage of Target	Actual Number	Target Number	Actual as Percentage of
2011/12	3375	3167	106.2%	4074	4077	99.9%
2010/11	3371	3124	107.9%	3992	4042	98.8%
2009/10	3778	3124	121.0%	4042	4608	114.0%
2008/09	3439	3125	110.0%	4065	4429	91.8%
2007/08	3190	2520	126.6%	4015	3880	103.5%

Source: Summarized data from managers in individual Regional Health Authorities

Data Provided By: Acute and Emergency Services Branch (AESB), Saskatchewan Health

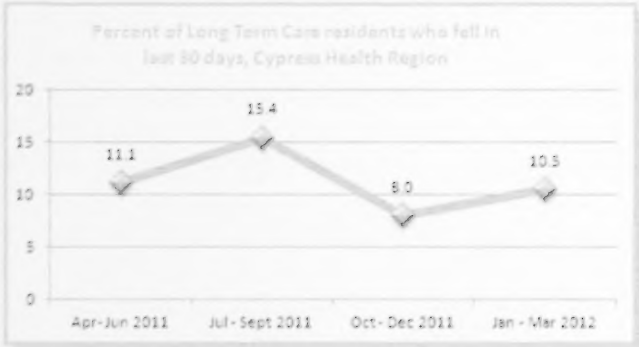
The Region's ultrasound service continues to see increasing demand with 5,470 exams performed on 4,923 patients over the 2011-12 fiscal year. Elective ultrasound wait times were reduced from 66 days to 26 days over the course of the year.

Future/additional initiatives targeting the surgical experience – recruitment of second permanent general surgeon and his arrival in July 2012; agreement with visiting vascular surgeons to begin providing consultations and surgical procedures in summer 2012; recruitment of family physician with obstetrical advanced privileges and ability to assist with other surgical procedures; Family Medicine Residency program has been a positive for surgical assistant availability and experiences associated for the residents; partnership with SIAST in providing perioperative surgical nursing educational program and practicum opportunity; planning for surgical repatriation initiative in 2012.

Desired Accomplishment: *Continuously improve health care safety in partnership with patients and families.*

Initiatives, Measures, Results

Number of long term care residents who experience a fall - trending of data shows the number of falls is increasing, and is likely due to the increased reporting emphasis that is in place due to the *Safer Healthcare Now*! (SHN) Falls Prevention bundle implementation. All residents admitted into long term care are screened using the Scotts Falls Risk tool, which identifies the resident to be a high or low risk for falling – this information is used in the care planning for the resident.



Source: Cypress Health Region Performance & Quality Management

- Region's Materials Management department and provincial Shared Services processes have secured pricing for 2 preferred vendors of hip protectors that have been researched and biomechanically tested to be the top 2 hip protector vendors across the country.
- Planning ahead to 2012-13, the Region will focus our measurement to look at the number of falls causing injuries versus the discrete number of fallers.

Incident tracking – many changes and quality-laden improvements to the incident/occurrence monitoring system have been made with the objective of making the information more useful for analysis and trending by staff members. The tracking and monitoring of 'near misses or good catches' has been improved with a separate process that prevents the communication of them to be lost in the incident reporting process.

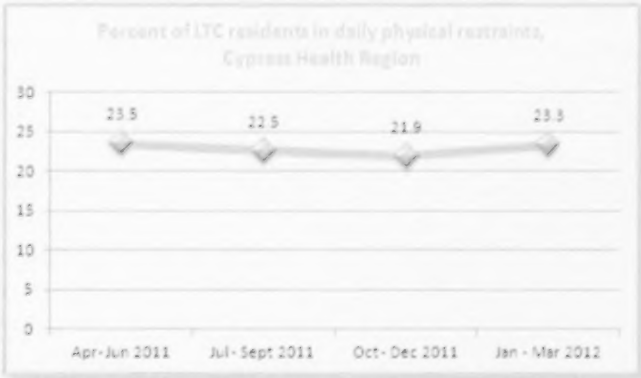
- A report is presented to the Regional Health Authority on a quarterly basis. The performance chart on the top of the next page is for the 'number of falls' and is an example of the reports that are generated for review. Additional reports are prepared for program/service managers to allow them the ability to focus on specific incidents and performance targets.

Source: Cypress Health Region Performance & Quality Management

Improvement	Target	Actual
-47	300	452

Fall: There was an increase of forty seven this past quarter after we saw a decrease the last quarter. This is all within normal statistical variation. This last increase may partially be due to the fact we began the falls collaborative (Safer Healthcare Now Falls Bundles) in our last two LTC facilities. When initiated there is always an increase due to education and awareness. So this year we improved the reporting and understanding of these occurrences but we have not seen a statistical improvement. This often takes more time. The next year should show us if we are going in the right direction.

Utilization of restraints – SHN Falls Prevention facility champions formed a working group to provide education around the policies and risk identifiers around the use of restraints in facilities; champions will be developing audit tool to see if policies have been followed relating to the provision of proper documentation regarding restraints; families of long term care residents will be provided with education and awareness regarding the pros and cons of restraint use and the Region's move towards a minimal restraint policy.



Source: Cypress Health Region Performance & Quality Management

Accreditation Canada Status -

- Infection control Required Organizational Practice (ROP) compliance – the Region is in compliance with international, federal, and provincial infection control guidelines. The Infection Prevention and Control Team reviewed and finalized the new Infection Prevention & Control (IP&C) Manual, which now matches the information found within the IP&C Toolkits and presentation material offered to new employees in their general orientation processes. The team has made progress with additional policy development regarding infection control and bio-hazard processes. A self-study guide is being developed that will provide consistent information to match the manual, toolkit, and general orientation presentations.

- Medication Reconciliation – the Region served as the trial organization for the Provincial Audit tool for Medication Reconciliation in 2011, with 4 Cypress Regional Hospital departments auditing their compliance since September 2011. The compliance levels over the course of the audit was increasing and at the end of the fiscal year, the results range from 50 – 83.3%. A formal process was developed in January 2012 for the rural sites and will be rolled out to the community hospitals in the fall of 2012. Community hospital

nursing staff are currently receiving education on the med rec process from the Region's Education Service Bureau, and the rural physicians are targeted for training in June 2013. Challenges associated with the training include it not considered a 'mandatory' education course at this time, changes to e-Health's online training program that did not allow for evidence of Pharmaceutical Information Program training completion, and lack of personal email addresses for all staff.

Laboratory accreditation – final report to the provincial laboratory quality assurance program has been submitted, in response to the outstanding accreditation report issues identified. Improvements to patient wait times for lab collections have been made. The Region's laboratory service has received tremendous support from the Saskatchewan Disease Control lab and Regina Qu'Appelle Health Region since the departure of the Region's Pathologist in August 2011.

Surgical safety checklist – components of the surgical checklist have been in use by the surgical team before the current fiscal year, and are continually trending towards success and full acceptance by the surgical team. The surgical team has seen success in the 'briefing' and 'pause' phases of the checklist, and has been continually moving towards more positive results with the 'debriefing' phase. Over the course of the fiscal year, the performance results have shown an upwards trend, with the exception of the last few months of the year – this was directly attributed to the fact that additional endoscopy procedures were completed in the surgical theatres instead of in the ambulatory care department. Scopes completed in ambulatory were not subscribed to the consistent scrutiny for the surgical checklist as was the case in the surgical department. However, ongoing education for all team members was completed and the checklist is being utilized for all scope procedures, no matter where they are completed. It was noted that if the 300 scope procedures were not included in the overall count, the level of achievement would have been maintained at the existing levels.

Source: Surgical Safety Checklist Operating Room Manager Database

Surgical site infection bundle implementation – an initiative of *Safer Healthcare Now!*, the bundles have been 100% implemented within the surgical program at the Cypress Regional Hospital. However, due to the major changes associated with the Skin Prep component of the bundles, the transition for some surgeons is taking longer than anticipated. The ongoing education on this best practice and consistency of general surgeon staffing will continue to generate positives with this objective.

Strategic Focus #2 – Health of the Population

Desired Accomplishment: *Improve population health through health promotion, protection, and disease prevention.*

Initiatives, Measures, Results

Early childhood tooth decay – as per the Region's *Oral Health Status Report* (see Appendix 'C' for instructions on how to access the electronic version), a child's oral health can have a significant effect on general health including growth, development and communication, self esteem, and various other health conditions. Excerpts from the report:

- Proportion of children with cavities has increased, and the Grade 1 screening outcomes resulted in the Region's children not meeting the Canadian Oral Health Strategy guidelines for that age group.
- Urban school children in the Region have better oral health when compared with rural children, as displayed in statistically significant deft/DMFT values between the two cohorts. Rural children had higher proportions of current caries and lesser of a proportion showing 'no evidence of care' which is significant. Urban children had higher proportions that are cavity-free.
- Children attending schools that have access to optimally adjusted fluoridated water have better oral health when compared to those children that do not have access.

A new provincial initiative (Preventative Dental Service) was implemented by the Ministry of Health that will include oral health assessments for all children 2 months to 5 years of age. Those identified as high risk will be provided with 2 fluoride varnish applications. Dental sealants will be provided for Grade 1 children identified at risk.

Implementation of colorectal cancer screening program – in conjunction with the Saskatchewan Cancer Agency and the Ministry of Health, the Screening Program for Colorectal Cancer was made available to the residents of Cypress Health Region in March 2012. This screening tool will provide residents between the ages of 50 and 74 years to participate in the program at no cost. The Region anticipates a small increase in the demand for endoscopy procedures due to the program's availability close to home.

Implementation of *Safer Healthcare Now!* (SHN) Falls prevention bundle – all twelve long term care facilities within the Region have implemented the SHN bundles into their everyday practices. The Region's facilities have participated in the National Falls Facilities Learning Series with the goal of learning additional strategies to sustain the improvements over time.

- Tools created/developed throughout the collaborative to reduce falls and reduce injuries – repetitive use of 3 questions ('do you need to go to the bathroom', 'do you have pain or discomfort', and 'do you need anything before I leave'); use of Vitamin D supplement; hip protectors, tread socks; fall mats; universal fall precautions, use of Scotts Fall Risk Tool; display of symbols for high risk identifier; medication reviews.

Primary Health Care redesign – the continued emphasis on collaborative health provider teams within primary health care philosophies continues to increase within the Region.

- Second midwife has been recruited
- Summer/Fall 2011 – Community Planning/Needs Assessment process with community leaders in Ponteix; January 2012 – similar process for the community of Cabri.
- The Region's 7th primary health care site was established in the community of Ponteix with a local physician, nurse practitioner, and wide continuum of community health providers.
- Lower Leg Assessment Project continued via a partnership with Sanofi Aventis.
- April 2011 – spirometry testing became available at primary health care clinics.
- Number of Seniors/Wellness Expos held throughout the Region
- Primary Health Care Re-Design Plan submitted to Ministry of Health in fall 2011, with identified strategies for the enhancement of PHC throughout the Region.

Grand Opening in Ponteix

Dignitaries unveil the new sign on display at the Ponteix Health Centre during a grand opening ceremony held at the facility in November 2011. Ponteix became the seventh community to adopt the Primary Health Care model of care in the Cypress Health Region.

Strategic Focus #3 – Providers

Desired Accomplishment: *Work together to build a workplace that supports the adoption of both patients and family-centered care and collaborative practices.*

Initiatives & Results

Patient Family Centered Care (PFCC) is a journey that builds mutual relationships and partnerships with patients and their families that support building a culture to one where patients and their families feel welcomed, respected, heard, supported, and empowered. PFCC has become a staple within the Cypress Health atmosphere, and there has been very positive feedback regarding the PFCC representatives working in conjunction with the staff's focus to better the health care experience and put the patients first.

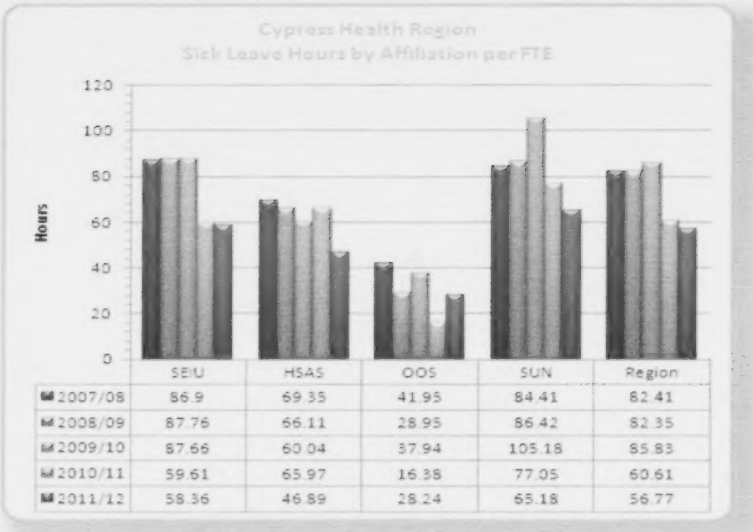
- PFCC Steering Team created with 5 patient/family reps, 5 Cypress Health staff, and 3 physicians – energy devoted to the completion of the PFCC Plan (*see Appendix 'C' for website information on how to access the PFCC Plan*) that sets the direction for the future.
- Design of a presentation for staff, physicians and other representatives – personal story telling of health experiences will be included, and are a powerful tool to engage everyone into determining if changes to the status quo are required.
- Currently a total of 27 registered PFCC representatives – 19 of these reps have been involved in 12 registered projects to date. For example – Maple Creek capital project, Releasing Time to Care, Primary Health Care planning/consultations and Case Management consultation days, provincial discharge system, Long Term Care 'Eden' educational events.
- Involvement of PFCC Steering Team members and other reps in Intensive Training in St. Louis, Missouri.
- Future plans to incorporate PFCC reps on Regional Health Authority regular meetings, Senior Leadership Team meetings, Community Leadership Networks, and other similar municipal council discussions.

PFCC representatives are requested to submit their thoughts to a question on the application form that asks "Why would you like to be on the PFCC team?". A sampling of their responses include *wanting to have a voice, providing a patient's point of view, opportunity to provide feedback, offer personal experiences and knowledge from a professional's side, and very exciting to be part of something new.*

Desired Accomplishment: *Work together to create safe, supportive and quality workplaces.*

Initiatives, Measures, Results

Attendance Management – in response to the Ministry of Health's targets for reducing sick time, overtime, and workers compensation claims, the Region developed the **CHESS (Cypress Health Employee Staffing Strategies)** strategy which included a series of processes that targeted the achievement of attendance management targets.

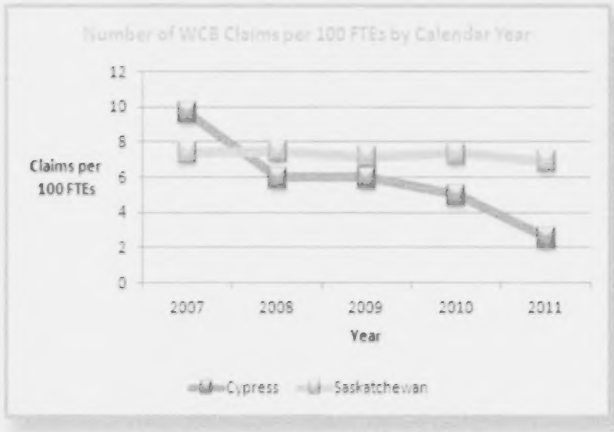


	SEIU	HSAS	OOS	SUN	Region
2007/08	86.9	69.35	41.95	84.41	82.41
2008/09	87.76	66.11	28.95	86.42	82.35
2009/10	87.66	60.04	37.94	105.18	85.83
2010/11	59.61	65.97	16.38	77.05	60.61
2011/12	58.36	46.89	28.24	65.18	56.77

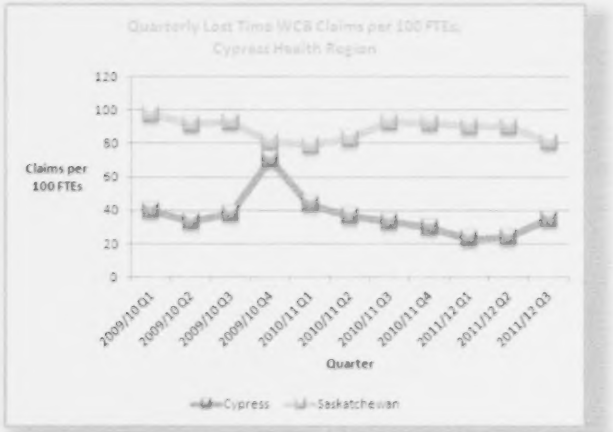
Source: Saskatchewan Ministry of Health Dashboard Measures, 2011-12

The Cypress Health Region received a target of reducing its sick time hours per FTE (full time equivalent) to 64 in the 2011-12 fiscal year. Continuing the trend that it set over the past years, the Region's staff and physician support was able to set the provincial benchmark with an actual figure of 56.77 sick hours per FTE.

This is approximately 10.5 hours per FTE fewer than any other health region in the province and well below the provincial average of 81.23 hours per FTE. The reduction to 56.77 sick hours per FTE was a 6.3% improvement over the Region's previous year's data.



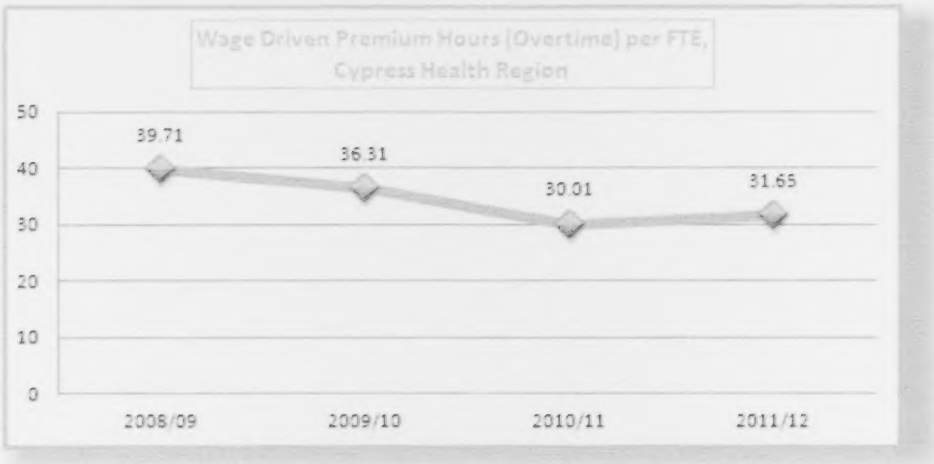
Source: Workforce Planning Branch, Ministry of Health



Source: Saskatchewan Ministry of Health Dashboard Measures, 2011-12

A continued downward trend of WCB claims per 100 FTEs has occurred over the past four calendar years. During 2011, Cypress staff realized an amount of 2.57 claims per 100 FTEs, which far surpasses the provincial average of 6.77 claims and is the lowest among health regions by more than 2.25 claims.

The Region has had success in reducing lost time claims through WCB by utilizing a number of strategies such as same or next day return to work when possible, modified duties for each job description, and enhancing the role of OHS committees in each facility that play a role in addressing specific workplace injury trends in their facility. There has also been significant education to physicians and this has led to functional assessments being offered to staff by the Region in attempting to assist them with an analysis of their abilities.



Source: Saskatchewan Ministry of Health Dashboard Measures, 2011-12

The Ministry's target for wage-driven premium hours (ie. overtime) was 34.66 hours per FTE. Cypress Health was able to reduce its wage-driven premium hours to a rate of 31.65, placing them fourth lowest among provincial health regions. The provincial average was 42.32 hours per FTE.

2011/12 Overtime Hours per FTE

An identified challenge for the reduction of wage-driven premium hours is the ongoing sustainability of existing rural emergency outpatient services – an offset of maintaining the service on an ongoing basis is the necessity to utilize wage-driven premiums to consistently staff the service. In addition, the complexity of the Regional Hospital's medical/surgical patients' needs have increased which have resulted in the need to temporarily adjust staffing patterns with overtime payments to accommodate the increased staffing needs.

Additional targeted strategies for attendance management:

- Employee health assessments – for four years, health assessments have been offered to the Region's staff with the objective of assisting employees to identify and address their personal physical activity and lifestyle needs. The assessments are completed by in-house qualified exercise fitness and therapy experts who provide a thorough assessment and work with the employee to set their 'health goals' for the future, and then follow up to see if they have been reached. Healthier and more physically fit employees have many benefits – to themselves and to the patient care that they provide.
    - Results – 94 staff members participated and 39% of these returned for their follow-up assessments; waist measurement (6% improved) while 47% of individuals reduced their waist circumference; aerobic fitness (13.5% improved) while 60% showed some improvement; hamstring flexibility (32% improved) while 71% showed some improvement; stress coping skills (47% improved)
- 'Whittle Your Waist Challenge' – 237 staff voluntarily participated in a 3-month challenge; result – over 55 feet in waist circumference was collectively lost among the participants through changes to their physical activity routines and positive lifestyle changes.
- Ergonomic assessments – completed internally on an ongoing basis and every new hire is assessed to ensure their workstation is set up properly to meet their physical needs.

Desired Accomplishment: *Develop a highly skilled, professional, and diverse workforce with a sufficient number and mix of service providers.*

Initiatives, Measures, Results

Physician turnover – five of the Region's physicians discontinued their practices during the fiscal year, which resulted in a turnover of 9.2%. However, the Region recruited more physicians than left during the year which resulted in a 'net positive' position for physician turnover.

Implementation of representative workforce plan – Region staff have been provided with education opportunities regarding cultural differences in the population since 2005;

- 78% of current employees have received the mandatory training in Cultural Awareness; Region has witnessed a large influx of Filipino individuals into its communities, which will be added to the overall Cultural Awareness educational presentation.
- Region has an in-house certified trainer for Aboriginal Awareness Training;
- consultations with Nekaneet First Nation and local Hutterite colonies regarding the planning and design of the new integrated health facility in Maple Creek;
- Region is a member of 'Representative Workforce Circle of Partners' with the objective of establishing partnerships with First Nations and Métis communities to recruit and retain employment of First Nations and Métis individuals;

Education Service Bureau – implemented in 2010, the key activity of the 'service bureau' includes the coordination of professional development activities across all disciplines with the Region in a cost-effective manner. There are several elements to the programs: **general orientation** (a centralized orientation provides education that is common to all employees), **mandatory education** (learning activities designed to facilitate job related performance), **professional development** (opportunities to learn new skills, concepts, techniques and personal growth), and the use of **telehealth and related technologies** (a means of delivering health services and education through interactive video, audio, and computer technologies).

Throughout the fiscal year, a number of additional benefits were identified:

- More cost effective delivery of education to staff;
- Reduced travel time for both educators and staff
- Ability to be more proactive in our educational opportunities – 3 year educational calendar for mandatory education has been developed;
- Tracking system to monitor, by employee, the education they have received and when recertifications are due – online database is available to staff so that they can pre-book themselves into the calendar availability for mandatory education when due.
- Availability of employee kiosks have allowed computer access to all employees.
- 'Education Extravaganza' events (taking a mixture of educators and clinical experts to a community's staff, versus having all staff travel to several different educational events) have proven to be a huge success – utilizing the Lean concept of 'pushing' services to the customer, versus 'pulling' the customer to the service.

Strategic Focus #4 – Sustainability

Desired Accomplishment: *Achieve best value for money while improving the patient experience and population heath.*

Initiatives, Measures, Results

Operational budget - a year-end operational surplus of approximately $2.987 million was realized by Cypress Health in the 2011-12 fiscal year. Please refer to the '2011-12 Financial Overview' and the 'Audited Financial Statements' sections which follow for additional information regarding the financial operations for the year.

Shared Services - Health Shared Services Saskatchewan (3sHealth) was formally established in 2011 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and SCA expect to improve the quality of services provided, lower costs, and redirect resources to patient care. The need to achieve efficiencies was identified in the *Patient First Review Report* in 2009, and directed by Government in the years since.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality, and lowering the cost curve.

Key achievements for 2011-2012 include:

- Establishing 3sHealth, appointing the CEO, and developing the governance structure to direct the strategic and operational objectives. Shared services delivered by the Saskatchewan Association of Health Organizations (SAHO) were assumed by 3sHealth.
- Leveraging additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of over $7 million in the past year.
- Automation of purchasing functions through the implementation of software to standardize product lists, track contract pricing or inventory requirements, and reconcile invoices to purchase orders expecting to save $5 million in the first full year.
- Enhancements to human resource business processes to standardize procedures and enable employees through the implementation of electronic functionality, saving printing and paper costs, and increasing accuracy of information.
- Initiation of work to develop a provincial laundry strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. It is expected that a solution will be announced later in 2012.

Work focused on group purchasing, automating human resource business processes, and a provincial laundry solution will continue in 2012. Additional opportunities for shared services will be analyzed and strategies implemented with a view to achieving a five year target of $100 million in provincial savings.

Desired Accomplishment: *Strategically invest in facilities, equipment, and information infrastructure to effectively support operations.*

Initiatives, Measures, Results

Capital improvement projects – the Region is continuing the planning processes targeting the investment in three capital projects:

- Southwest Integrated Healthcare Facility (Maple Creek) – planning continues towards the design and construction of a new integrated health facility that will see 48 long term care beds, 24 acute care beds (10 of which will be multi-purpose), emergency medical services, community health, home care, primary health care programming and medical clinic, and facility planning for future expansion of services
    - Community planning promotional events; sod turning event with Minister of Health in attendance; life-size mock up event available to staff and public to tour several patient rooms.

Excitement Continues to Build
A sod turning event was held at the future site of the new Southwest Integrated Healthcare Facility in Maple Creek, SK on September 27, 2011

- Leader Integrated Project – proposed project includes construction of an addition to the existing long term care facility and extra renovations to accommodate all health services under one roof; including long term care, acute care, emergency medical services, community health, home care, primary health care.
    - Functional plan consultations with community members and staff representatives; presentation of functional plan to community public meeting and submitted to the Ministry of Health for their review.
- Swift Current long term care replacement – continued advocation for the replacement of three long term care facilities with one facility attached to the Cypress Regional Hospital. The Region continues to partner with local school divisions and City of Swift Current regarding planning strategies to create a campus-style mixture of health, education, and recreational capital projects.
    - Community consultation meetings held to gather feedback from the public on the concept of an integrated campus concept.

Working Together

The Cypress Health Region, Chinook School Division, Holy Trinity Catholic School Division, and the City of Swift Current held public consultations to receive public feedback on a proposed integrated health, school, and city complex in Swift Current, SK.

Strategic Focus #5 – Supportive Processes

Desired Accomplishment: *Achieve system wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies.*

Initiatives, Measures, Results

- Southcentral Foundation in Anchorage, Alaska – delegation of Region staff and community members attended a conference which provided the opportunity to explore Southcentral's health service delivery models and strategies for staff/patient engagement processes.
    - Southcentral representatives were invited to present at a 'Case Management Focus Group' session in March 2012 – consultations with Region staff and physicians, Ministry of Health representatives, patient/family advocates with the objective of preparing for an integrated case management service delivery model in Maple Creek and Leader.
- Patient Family Centered Care – Region and patient/family representatives attended the PFCC Intensive Training Seminar in St. Louis, Missouri along with approximately 40 other provincial health care providers and patient/family representatives.
- Lean management processes – learning from reputable health organizations' leaders including Thedacare, Virginia Mason Medical Centre, and St. Boniface Hospital.

Desired Accomplishment: *Leverage technology to achieve improvements in patient care and system performance.*

Initiatives, Measures, Results

LEAN

Cypress Health is a proud supporter for the implementation of Lean in the health care setting and advocates for the benefits that it can provide for the patient and staff alike. Lean is a customer-focused approach that puts the needs of the patient at the forefront. Thus, it is a philosophy that aligns well with our primary strategic objective. As well, Lean strategies have the ability to improve the worklife of our staff and increase their ability to provide their valued input into day to day processes.

The Region has invested in the implementation of Lean and is seeing a continued trend of improvements. There are a variety of Lean projects that occurred during the 2011-12 fiscal year, which are in different stages of completion. The following chart provides a summary of the projects and the targeted/achieved performance indicators of progress.

Facility	Department / Work Unit: Project	Primary Focus and Description	Key Performance Indicators (Targeted / Achieved)
EI Wood Building	Community Health: Standardize Shelving	Standardize Community Health files and eliminate risks identified by the Fire Marshall and OH&S. Improve efficiencies by eliminating all boxed files and moving them to shelves.	- Standardized filing system - Eliminated fire code violations - Eliminated OH&S concerns - Standardized file destruction process - Increased floor space by 10%
Cypress Regional Hospital	Surgery: Value Stream Mapping	Three consultants have completed three Surgical value stream maps. Project reviewed all maps and consolidated it into one. Map to be used to improve surgical flow in the Region.	- Created one Value Stream Map to be used with surgical initiatives
Cypress Regional Hospital	Surgery: Booking Analysis	Kaizen event to analyze utilization of the OR and Surgeons time in the OR	- Set current baseline of utilization and identified where improvements can be made to increase the number of surgeries in the Region
Cypress Regional Hospital	Pharmacy: Value Stream Mapping	Mapped Medication Delivery process and identified kaizens	- Current State Map - Future State Map - Collected Baseline Measures - Identified 4 Kaizen events to ensure that all medications are delivered just in time - Events led to a 34 minute improvement in delivery times - All medications delivered just in time - Elimination of errors in delivery process - Elimination of several unsafe practices (i.e. medication borrowing)
Cypress Regional Hospital	Pharmacy: No More Yellows Kaizen	Eliminated multiple methods to order medications for Patients and established first in first out medication ordering system.	- 28 minute improvement in medication delivery - 47% reduction in phone calls to the pharmacy by eliminating Nurses looking for meds in the delivery process - Order time cycle reduced from 86 minutes to 5 minutes by establishing a First In First Out Pull system for processing orders - Risk Assessment completed and risks mitigated - Reduce ordering methods from 4 to 1 - Standardization of ordering process in hospital

Facility	Department / Work Unit: Project	Primary Focus and Description	Key Performance Indicators (Targeted / Achieved)
Cypress Regional Hospital	Pharmacy: Scheduling orders Kaizen	Schedule medication deliveries so all medications are delivered "Just in time"	- Standardized delivery schedule to match meal delivery (eliminated wait times for medications that need to be taken with food) - Reduced delivery times by 6 minutes per delivery
Cypress Regional Hospital	Nursing: Faxed Orders	Reduce the distance Nurses walk to fax orders to Pharmacy, Dietary, Home Care, Therapy Services & Social Work	- 235 km of walking saved per year - 47 hours of Nursing time spent walking to fax machines saved per year
Cypress Regional Hospital	Pharmacy: Narcotics Process (project is currently underway)	Create a standardized pick-up location and time Create an error free process Create an electronic filing system with no duplicate copies Timely turnaround with sheets needing corrections	- Current State Map - Future State Map - Action plans to eliminate errors on narcotic sheets from current state of 150 errors per 1000 narcotics sheets to 0
CRH	Pharmacy: Rural Hospital Returns	Reduce time and effort for processing medications returned to the Regional hospital from the Rural facilities	- Cell design for processing returns set-up reduced walking distance from 22 feet per return to 2 feet per return. - Set up visual controls to trigger staff that a return is waiting to be processed, improvement from 5 day wait to be processed to < 1 day
Region	Home Care	Charter Kaizen selection Chart Audit	- Current and Future State Maps completed - 3 kaizen events selected (Leveling Home Care case manager workloads, 5S work area, Priority of Care) - 5S in process: 5 land lines disabled & Office space freed up, storage improved (numbers pending)
Ponteix	Primary Health Care File Moving	Physician in Ponteix was moving from private office to Primary Health Clinic. Files needed to be moved from the Physicians office and merged with the files in Primary Health Care.	- Current State Map - Future State Map - Medical files move and merge plan from Physicians office to Primary Health Care site

Facility	Department / Work Unit: Project	Primary Focus and Description	Key Performance Indicators (Targeted / Achieved)
Maple Creek Hospital	Maple Creek Hospital Staff	Design and collect measures in current hospital to use for LEANing the build of the Southwest Integrated Health Facility by decreasing cycle times for discharge, improving staff satisfaction, Resident satisfaction, reducing discrete steps (staff and patients), reducing wait times for first available Therapy appointment.	- Measures established - Staff trained on data collection - Staff actively collecting data
Region	Therapies	Exploratory project to assess current wait times and find areas where efficiencies can be implemented to reduce pediatric therapy wait times	- Current state map and future state map completed

RELEASING TIME TO CARE™

**Regular updates relating to the progress of the RTC program at the Cypress Regional Hospital and the Health Region are provided on the Region's website at* www.cypresshealth.ca/releasingtimetocare.htm

RTC is a patient-centered approach to improving the quality of care on acute care nursing units. The initiative focuses on eliminating system based waste and freeing up caregivers' time for more direct patient care. RTC is currently implemented in three care units at the Cypress Regional Hospital – the Medical/Surgical department, the Women & Children's department, and Inpatient Mental Health Services department.

Medical/Surgical – In June 2009 this unit was accepted as a RTC context test site. A series of key measures were developed by the team:

- Reduce the incidence of total patient falls to less than 8 cases per month by September 30, 2012 – tremendous success in this area since the implementation of the falls initiative.

Celebrating Success!
Cypress Health Region staff members accept a Green Ribbon Award from Minister of Health Don McMorris (far left) and Saskatchewan Association of Health Organizations CEO Susan Antosh (far right) for their Lean project. Opening a Re...n April 2011.

- Decrease medication occurrences/incidents to seven per month (or 21 per quarter) by May 31, 2011. Quarterly results showed a total of 27, 30, and 31 medication occurrences in the quarters ending June, September, and December respectively.
- Increase staff satisfaction with 'ability to find equipment in a timely manner' to an average survey rating of '3' by September 20, 2012. An average rating of 3 was achieved in October 2011. Previous rankings of 2.6 and 2.4 were achieved in February and June 2011 respectively.
- Increase the patient experience survey response rate to 50% by September 2012. Quarterly response rates ranged from 36% - 54% in the first three quarters of the fiscal year.
- Increase direct care time to 50% by September 30, 2012. The team baseline was 29% in the first quarter of 2010-11. This fiscal year's results from June, September, December, and March were 39%, 36%, 35%, 36% respectively. The team hopes to see additional increases in direct care time as a result of implementing additional process modules.

Success and positive feedback has been identified in relation to the changes made to the delivery route in June 2011. By having an additional meal delivery cart, the team has again reduced delivery steps and cut delivery times in half, resulting in hotter meals and improved patient satisfaction.

Releasing Time to Care™

Minister of Health Dan McMorris takes a tour of the Medicine/Surgery Department's Releasing Time to Care project at the Cypress Regional Hospital in Swift Current, SK in June 2011

In June 2011, the RTC and Mental Health Lean project teams had the opportunity to welcome the Minister of Health and Deputy Minister of Health and toured them through their quality improvement environments. They received positive feedback regarding the impressive changes that were made that have directly benefitted patient care.

The team also experienced great success in the medicines module which began in January 2012. After completing process maps of medication delivery, the team initiated several improvements including development of a flag system to alert staff when new medications were received on the unit. The team also participated in a Lean process that recommended the addition of two fax machines on the nursing unit to fax medication orders directly to the hospital pharmacy. Based on estimates, the installation of unit fax machines is **projected to eliminate 235 kilometers of walking per year, or 47 hours of time spent walking,** to and from the hospital's central fax machines.

The teams are continuing to move forward with training and discussions on the 'admission and planned discharge', 'patient hygiene', and 'shift handover' modules and is scheduled to complete all modules in the Releasing Time to Care ™ program by December 31, 2012.

Women & Children's - in the fall of 2010, this unit became the second department in the Regional Hospital to implement the RTC program. The team has developed a series of key measures that will guide their processes including:

- increasing the direct care time to 50% from baseline - monthly results ranged from 38% to 52.2%;
- increase obstetrics and pediatrics 'communications about medications' composite percentage to 55% - results on this indicator were 60%, 81%, and 86% in Quarters 1 through 3 respectively;
- increase the overall work satisfaction scores of staff to an average rating of 8 out of 10 - the team achieved ratings of 7.8, 7.6, and 8.5 in July, October, and March of this fiscal year;
- increase 'Defensibility of Mothers' chart from 67% to 87% by June 30th 2011 - results from May, June, September, and November were 76%, 73%, 80%, and 77%;
- increase 'Defensibility of Baby' charts from 70% to 85% by June 30th 2011 - results from May, June, September, and November were 82%, 76%, 78%, and 77%.

The team began two modules during this fiscal year including the 'patient status at a glance' and 'shift handovers' modules.

Improvements made during the patient status at a glance module included the development of a poster highlighting times for meals, bloodwork, tests, etc. These questions were often asked of nurses and a frustration to patients who could not access this information on their own. The poster has saved several inquiries of staff, and allows instant access to this information for patients and family members. A second improvement effort involved creating a standard operating procedure for patient whiteboards. These boards are in each patient room, and contain vital information such as the name of the patient, staff names, discharge date, and a communication section for physicians. The team tested the board layout and ensured it met privacy regulations as well as the needs of patients, family members, staff, and physicians. The team also created an "opt out" process for patients in double occupancy rooms. These boards have been incorporated into the unit's bedside reporting process.

The Releasing Time to Care™ Shift Handover Module began in September 2011. This team began the process of Bedside Reporting in January 2011 with best practice information they received from the Institute for Healthcare Improvement. The new process proved challenging for staff as there were many inefficiencies within the new process causing report to take longer than the 17 minutes allotted for Shift Handover. There was also concern about privacy and patients being unaware of this new practice.

- A Patient Representative joined the team in October 2011 and offered valuable insight to the team in developing their future state. The team worked through many Plan-Do-Study-Acts to develop a Shift Handover template as well as a patient brochure to describe the new practice to patients and their families. The privacy issue was resolved by giving all patients an opportunity to refuse bedside reporting if they are in a shared room. The feedback from patients has been extremely positive. Before these improvements were made with bedside reporting, it took up to 2 minutes 42 seconds to report on each patient. After the template was put in place and used by all staff, report time has been consistent with the team's goal of 1 minute 40 seconds or less for each patient.

In addition to their participation in the Releasing Time to Care ™ program, this unit also is participating in the **Institute for Healthcare Improvement's Perinatal Collaborative**. The program provides labour and delivery health provider teams with the opportunity for results-focused improvements with the best interests of the mother and baby in mind. This best practice approach from the IHI is one that is primarily based out of the United States, but with the support of the local Saskatchewan Union of Nurses (SUN) Recruitment & Retention Committee and the Dr. Noble Irwin Regional Healthcare Foundation, the team became the first Canadian-based team to participate in the Collaborative.

The goals of the Collaborative include reducing harm to mother/baby, improving organizational culture of safety in perinatal units, improving the reliability of documentation, and measuring/improving patient centered-care approaches.

The aim of the IHI Perinatal team is to deliver the highest quality family centered care with excellence, compassion, and competence. The goals of this team for 2011/12 were:

- Zero incidence of elective deliveries prior to fetal maturity of 41 1/7 weeks for induction of labour and more than 39 weeks for elective caesarean sections.
- Develop simulation drills for shoulder dystocia, Neonatal Resuscitation Program, post partum hemorrhage, code pink.
- Implement techniques for effective communication with staff.
- 1-2 patients or family members to be present as patient advocates.

Although the team has not achieved their goal of zero, they have worked diligently to decrease the number of inductions less than 41 1/7 weeks by working with the physician group to implement an induction policy. There has been an increase in communications between nursing and physicians with the introduction of a monthly multidisciplinary meeting. A patient representative has joined the IHI team this year with plans for a second representative in the near future. The team has also introduced a best practice with "skin to skin" contact between a mother and newborn in vaginal and c-section deliveries. The team has had 100% compliance with the new practice for all mothers wanting "skin to skin" contact since January 2012.

The next steps for the team include a public education campaign on "39 weeks" and developing simulation drills.

Inpatient Mental Health Services - in January 2012, this group of staff became the third group in the Regional Hospital to implement the RTC program. The team attended pre-implementation training, and began the 'Knowing How We Are Doing' module in February. The team has developed a series of key measures that will guide their processes including:

- increasing Registered Nurse and Special Care Aide direct care time to 50% from baseline, and value added time to 70% by Sept 1/ 2012 - monthly results ranged from 38% to 52.2%;
- increase the overall work satisfaction scores of staff to an average rating of '7' by Sept 1, 2012 - March baseline results showed an average rating of 5.4 out of a possible 10 points;
- To increase the score on the patient survey question "on a scale of 1- 10, with 10 being best possible hospital experience" to a 9.5 out of 10 by Dec 31 2012 - baseline results were 8.75 out of 10;

- Decrease the number of verbal aggression occurrences to 6 per quarter by December 31, 2012 and to decrease the number of physical aggression occurrences to 0 per quarter by December 31, 2012 - baseline results January-March 2012 are 12 verbal and 6 physical aggression occurrences.

The team has also began the prepare phase of the 'Well Organized Ward' and has taken a video and photos of the nursing unit. The team is eagerly anticipating the improvements from this module, and hopes to create a calmer, more organized environment for patients and staff to enjoy.

LEVERAGE TECHNOLOGY

The Region is a firm supporter of utilizing technological advances to advance patient safety and enhancing the overall process performance for its employees.

- Installation of diagnostic imaging Computerized Radiography units in rural community hospitals, allowing for digitization of x-ray images;
- Telehealth and videoconferencing ability – with the addition of eleven sites during the fiscal year, all of the Region's communities have access to the Telehealth network. Access to this technology provides benefits to patients (access to specialists and other health professionals closer to home) and staff (less 'windshield time' travelling to appointments and administrative/education responsibilities);
    - Planning for summer 2012 includes psychiatrist consultations with patients via Telehealth, which will serve as a pilot project and followed by other clinicians (dietitian, chronic disease educators, etc.);

Shelley Schneider, Combined Lab/X-Ray Technician at the Leader Hospital, provides a demonstration during the announcement of a new Computerized Radiography unit at the Leader Hospital in December, 2011

- Implementation of Electronic Medical Record – several physician clinics have moved towards the EMR within their clinic settings, and the Region's primary health care initiatives are scheduled to proceed with the implementation of EMR in several of the primary health care sites during 2012-13.

Date: May 22, 2012

CYPRESS HEALTH REGION
REPORT OF MANAGEMENT

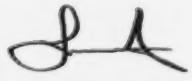
The accompanying financial statements are the responsibility of management and are approved by the Cypress Regional Health Authority. The financial statements have been prepared in accordance with *Canadian Generally Accepted Accounting Principles* and the *Financial Reporting Guide* issued by Saskatchewan Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Beth Vachon
Chief Executive Officer



Larry Allsen
Chief Financial Officer

CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

Financial Statements For the Year Ending March 31, 2012

STARK & MARSH
CHARTERED ACCOUNTANTS, LLP

INDEPENDENT AUDITOR'S REPORT

To: The Directors of Cypress Regional Health Authority

We have audited the accompanying financial statements of Cypress Regional Health Authority, which comprise the statement of financial position as at March 31, 2012, and the statement of operations and changes in fund balances and statement of cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not for profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. Cypress Regional Health Authority's management is responsible for effective control related to the objectives described above. Our responsibility is to express an opinion on the effectiveness of control based on our audit.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Cypress Regional Health Authority as at March 31, 2012, and its financial performance for the year then ended in accordance with Canadian accounting standards for not for profit organizations.

Stark & Marsh

Chartered Accountants, LLP

Swift Current, SK
May 22, 2012

The Cypress Health Region ended the year with an operating surplus. However an operating surplus is not a good indicator of financial viability. There are three main financial indicators that must be reviewed and understood to determine an organization's financial viability:

1. **Operating Working Capital** – this indicator is calculated as "Current Assets" less "Current Liabilities" in the operating fund from the *Statement of Financial Position* in the audited financial statements;
2. **Excess of Revenues over Expenses in the Operating Fund (commonly referred to as "Surplus")** – this indicator can be found on the *Statement of Operations and Changes in Fund Balance* report in the audited financial statements; and
3. **Future Required Investments** – this financial indicator does not show up in an audited financial statement and cannot be easily calculated. The indicator refers to an amount that would be required for an organization to make investments to:
    a. Ensure safe, quality services are provided based on standards that presently exist or may be developed for the service.
    b. Ensure quality improvements are implemented and funded.
    c. Ensure updated legislative requirements are implemented [e.g. Health Information Protection Act (HIPA), Occupational Health & Safety (OH&S), Labour Standards, etc.].
    d. Fund critically required capital infrastructure projects.
    e. Fund required replacements and investments of capital equipment.
    f. Invest in best practices and new initiatives to improve services.

Operating Working Capital

= "Current Assets" less "Current Liabilities" in the Operating Fund
= $ 22,935,450 - $16,060,094
= $ 6,875,356

According to this financial indicator, the Cypress Health Region has improved its financial position since inception in 2003. A reasonable expectation for a publicly funded organization is to have a positive working capital that would allow the organization to operate for 20 days. Currently the Region is operating with a positive 20.54 days of working capital in the operating fund.

In order to maintain this working capital the Region needs to continue generating operating surpluses (excess of revenues over expenses) to address needed investments in the third financial indicator listed above.

Excess of Revenues over Expenses in the Operating Fund (Surplus)

= "Total Revenues" less "Total Expenses" in the Operating Fund
= $ 125,135,182 - $ 122,147,780
= $ 2,987,402

The Cypress Health Region met its financial target of having a balanced operating budget, which is a surplus greater or equal to zero dollars. A balanced budget is a good target to have, but when you review the first and third financial indicator described above, the Cypress Health Region should make every attempt to target significant surpluses to:

1. Invest in providing enhanced, safe, and quality health care services.
2. Invest in much-needed capital infrastructure and capital equipment.
3. Strengthen its financial position by investing in its working capital.

Since significant surpluses have been achieved in the past three years, the Region has to determine its most critical areas for investment. It has been determined that the surpluses generated are most needed for investment in capital infrastructure projects and critical equipment needs. In 2011-12 the Region invested $200,000 in much needed support services equipment. Capital infrastructure continues to be a high priority for the Region with a project ongoing in Maple Creek and proposal developed for enhancements in Leader and Swift Current (long term care). The Ministry of Health has also recognized the need for investment into building infrastructure and has provided the Region with an additional $300,000 in the upcoming fiscal year for infrastructure.

Expenditures

The expenditures of the Region were $912,000 over budget. This was mainly as a result of collective bargaining agreements (Health Sciences Association of Saskatchewan), contracted physician increases, Diagnostic Imaging review, increased surgical activity, and repairs to our aging facilities and equipment. The Region experienced a large amount of staff vacancies resulting in savings of $1.2 million and the CHESS (Cypress Health Employee Staffing Strategies) program was also successful in reducing sick expenses by $200,000 on replaced positions. For further information see *Schedule 1* of the audited financial statements.

Revenues

The revenue of the Region was $3.899 million over budget. The Region received $3.375 million in additional base funding from the Ministry of Health with the majority of the funding allocated for collective bargaining agreements and contracted physician increases. Patient fees for long term care were higher than budgeted due to higher income levels of our long term care residents. Investment revenues were higher than expected as a result of higher interest rates. For further information see the *Statement of Operations and Changes in Fund Balances* in the audited financial statements.

Capital

The capital expenditures of the Region were $4.8 million consisting of $740,000 in infrastructure projects, $300,000 in mortgage payments, $1.5 million in equipment purchases, and $2.2 million on the Southwest Integrated Healthcare Facility in Maple Creek. The capital purchases were funded by the Ministry of Health, Dr. Noble Irwin Regional Health Care Foundation, Community Trusts, donations, and generated operating surpluses.

Special Funds

The Region administers several Community Trust funds totaling $1.298 million. These funds have been in place since the amalgamation of the Region in 2003 and were set up for the provisions of health care services. For more information regarding community trust funds see *Note 16* in the audited financial statements.

Debt

The Region currently has five mortgages totaling $2.061 million that are guaranteed by the assets of the organization. For more information see *Note 4 and 5* in the audited financial statements.

Future Required Investments

This third financial indicator is future orientated and is extremely difficult to measure. The main strategies to address this indicator would be to generate significant surpluses to:

1. Build reserves for one-time investments like capital investments or short-term initiatives.
2. Make required investments into core-mandated services to ensure safe, quality, and effective health care services can be delivered.

Examples of challenges the Region is facing that require financial investments are:

1. Implementing consistent workload standards to ensure safe, effective, and quality health care services can be delivered.
2. Ensuring currently provided services are effective and sustainable.
3. Addressing quality of service issues by implementing best practices.
4. Investing in critical capital infrastructure projects.
5. Meeting increasing service needs of the province's residents by implementing new initiatives like Patient Family Centered Care (PFCC).
6. Funding Inflationary cost pressures (e.g. drug costs, medical supplies, etc.).
7. Implementing and sustaining occupational health and safety and patient safety systems.
8. Enhancing capital equipment replacement.

If one were to invest significant human resources and effort in analyzing each of the above challenges, an amount could be quantified to determine how much surplus would be required to effectively manage and fund the above *Future Required Investments*.

The Cypress Health Region is committed to work together with the Ministry of Health and community partners to clearly identify and cost these challenges in attempts to achieve higher levels of financial sustainability.

CYPRESS REGIONAL HEALTH AUTHORITY

Statement of Financial Position
as at March 31, 2012

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2012	Total 2011 (Note 10)
ASSETS					
Current Assets					
Cash and short-term investments (Schedule 2)	$ 20,581,171	$ 8,647,515	$ 478,980	$ 29,707,665	$ 34,896,162
Accounts receivable					
Ministry of Health - General Revenue Fund	434,723	-	-	434,723	374,285
Other	574,844	63,625	20,000	658,469	552,571
Inventory	810,439	-	-	810,439	737,229
Prepaid expenses	534,272	-	-	534,272	288,569
	22,935,450	8,711,140	498,980	32,145,569	36,848,816
Long Term Investments (Note 2,Schedule 2)	245,548	-	800,000	1,045,548	1,045,699
Capital Assets (Note 3)	-	71,349,093	-	71,349,093	70,280,125
TOTAL ASSETS	$ 23,180,998	$ 80,060,233	$ 1,298,980	$ 104,540,211	$ 108,174,641
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 5,178,862	$ 323,782	$ -	$ 5,502,644	$ 5,660,119
Accrued salaries	1,521,824	-	-	1,521,824	3,562,778
Vacation Payable	6,649,131	-	-	6,649,131	6,510,632
Mortgage payable - current (Note 5)	-	170,025	-	170,025	160,978
Lease payable - current	-	-	-	-	53,639
Deferred revenue (Note 6)	2,710,277	-	-	2,710,277	4,003,995
Accrued mortgage interest	-	10,312	-	10,312	11,068
	16,060,094	504,119	-	16,564,213	19,963,209
Long term liabilities					
Mortgages payable (Note 5)	-	1,890,917	-	1,890,917	2,061,000
TOTAL LIABILITIES	16,060,094	2,395,036	-	18,455,130	22,024,209
Fund Balances					
Investment in capital assets	-	68,954,057	-	68,954,057	67,993,440
Externally restricted (Schedule 3)	-	945,593	1,298,980	2,244,573	2,472,031
Internally restricted (Schedule 4)	-	7,765,546	-	7,765,546	11,098,989
Unrestricted (deficit)/surplus	7,120,904	-	-	7,120,904	4,585,972
TOTAL FUND BALANCES (Statement 2)	7,120,904	77,665,197	1,298,980	86,085,081	86,150,432
TOTAL LIABILITIES & FUND BALANCES	$ 23,180,998	$ 80,060,233	$ 1,298,980	$ 104,540,211	$ 108,174,641

Commitments (Note 4)
Mortgages (Notes 5)
Pension Plan (Note 11)

Approved on behalf of the board of directors

The accompanying notes and schedules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES

for the year ended March 31, 2012

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2012	Actual 2012	Actual 2011	Capital Fund 2012	Community Trust fund 2012	Total 2012	Total 2011
REVENUES	(Note 12)		(Note 10)				(Note 10)
Ministry of Health - general revenue fund	$ 110,890,561	$ 114,266,243	$ 108,328,860	$ -	$ -	$ -	$ 5,367,559
Other provincial	379,648	377,162	842,679	57,480	-	57,480	-
Federal government	42,000	85,320	72,111	-	-	-	-
Patient & client fees	7,625,100	7,755,704	7,639,649	-	-	-	-
Out of province (reciprocal)	862,500	925,336	749,719	-	-	-	-
Out of country	35,500	39,055	34,464	-	-	-	-
Donations	50,000	35,694	67,855	276,743	-	276,743	427,211
Investment	150,000	328,696	218,266	78,575	26,231	104,806	108,660
Recoveries	1,036,939	1,058,941	1,080,497	-	-	-	-
Other	163,250	263,029	287,442	25,286	-	25,286	95,867
TOTAL REVENUES	121,235,498	125,135,182	119,321,544	438,084	26,231	464,315	5,999,296
EXPENSES							
Inpatient & resident services							
Nursing Administration	$ 3,688,993	$ 3,579,449	$ 3,288,660	$ -	$ -	$ -	$ -
Acute	15,567,214	15,657,507	13,950,317	1,664,396	-	1,664,396	1,592,025
Supportive	17,306,179	17,568,936	16,653,362	713,489	-	713,489	777,805
Integrated	8,959,947	9,012,820	8,661,620	389,926	30	389,956	329,964
Rehabilitation	-	-	-	-	-	-	-
Mental health & addictions	1,518,372	1,362,696	1,480,526	-	-	-	-
Total inpatient & resident services	**47,040,705**	**47,181,408**	**44,034,484**	**2,767,813**	**30**	**2,767,843**	**2,699,794**
Physician compensation	**11,629,621**	**12,259,734**	**11,476,395**	**-**	**-**	**-**	**-**
Ambulatory care services	**3,555,401**	**3,797,235**	**3,550,527**	**130,876**	**-**	130,876	**135,257**
Diagnostic & therapeutic services	**11,752,053**	**12,055,672**	**11,942,294**	**432,598**	**-**	432,598	**454,940**
Community health services							
Primary health care	1,925,801	1,711,426	1,685,098	-	-	-	-
Home care	6,899,061	6,473,997	6,406,649	-	-	-	-
Mental health & addictions	3,000,454	2,796,164	2,815,011	-	-	-	-
Population health	2,687,252	2,757,001	2,415,565	-	-	-	-
Emergency response services	3,568,597	4,078,119	3,673,788	185,751	-	185,751	146,343
Other community services	1,465,861	1,420,918	1,546,367	-	-	-	-
Total community health services	**19,547,026**	**19,237,626**	**18,542,479**	**185,751**	**-**	**185,751**	**146,343**
Support services							
Program support	5,701,741	6,299,162	5,475,591	-	-	-	-
Operational support	20,652,956	20,673,860	19,811,931	-	-	-	15,996
Other support	1,330,845	619,533	922,238	-	-	-	-
Total support services	**27,685,542**	**27,592,555**	**26,209,761**	**-**	**-**	**-**	**15,996**
Ancillary	**25,150**	**23,550**	**48,873**	**-**	**-**	**-**	**-**
Total expenses (Schedule 1)	**121,235,498**	**122,147,780**	**115,804,810**	**3,517,037**	**30**	**3,517,067**	**3,452,330**
Excess (deficiency) of revenues over expenses	**$ 0**	**2,987,402**	**3,516,734**	**(3,078,953)**	**26,201**	**(3,052,752)**	**2,546,966**
Interfund transfers (Note 14)		(452,469)	(423,219)	620,876	(168,407)	452,469	423,219
Increase (decrease) in fund balances		**2,534,933**	**3,093,515**	**(2,458,077)**	**(142,207)**	**(2,600,283)**	**2,970,185**
Fund balances, beginning of year		4,585,972	1,492,456	80,123,274	1,441,186	81,564,460	78,594,275
Fund balances, end of year		$ 7,120,904	$ 4,585,972	$ 77,665,197	$ 1,298,980	$ 78,964,177	$ 81,564,460

The accompanying notes and schedules are part of these financial statements.

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CASH FLOW

for the year ended March 31, 2012

Statement 3

Cash provided by (used in):	Operating Fund		Restricted Fund			
	2012	2011 (Note 10)	Capital Fund	Community Trust Fund	Total 2012	Total 2011 (Note 10)
	Operating Activities		Financing and investing activities			
Excess of revenue over expenditure	$ 2,987,402	$ 3,516,735	$ (3,078,953)	$ 26,201	$ (3,052,752)	$ 2,546,966
Net change in non-cash working capital (Note 7)	(4,189,261)	(2,446,210)	345,363	5,000	350,363	(29,937)
Amortization of capital assets	-	-	3,252,055	-	3,252,055	3,264,520
Change short term investment to long term investment	151	8,444	-	-	-	-
	(1,201,709)	1,078,969	518,465	31,201	549,666	5,781,549
Purchase of capital assets						
Buildings/construction	-	-	(2,814,101)	-	(2,814,101)	(741,454)
Equipment	-	-	(1,506,922)	-	(1,506,922)	(1,333,228)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
	-	-	(4,321,023)	-	(4,321,023)	(2,074,681)
Repayment of debt	-	-	(215,431)	-	(215,431)	(223,837)
Net increase (decrease) in cash & short term investments during the year	(1,201,709)	1,078,969	(4,017,989)	31,201	(3,986,788)	3,483,031
Cash & short term investments, beginning of year	22,235,349	21,579,599	12,044,627	616,186	12,660,814	8,754,564
Interfund transfers (Note 14)	(452,469)	(423,219)	620,877	(168,407)	452,469	423,219
Cash and investments, end of year (Schedule 2)	$ 20,581,171	$ 22,235,349	$ 8,647,515	$ 478,980	$ 9,126,495	$ 12,660,813
Amounts in cash balances						
Cash and short-term investments	$ 20,581,171	$ 22,235,349	$ 8,647,515	$ 478,980	$ 9,126,495	$ 12,660,813

The accompanying notes and schedules are part of these financial statements

1. Legislative Authority

The Cypress Regional Health Authority (RHA) operates under *The Regional Health Services Act* (the Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Cypress Health Region, under section 27 of the Act. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

McKerracher Support Services Inc.
Canadian Mental Health Association
Ponteix Ambulance
Swift Current Ambulance
Gull Lake Ambulance
Frontier Ambulance
Val Marie Ambulance

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate, a registered charity under the *Income Tax Act*, is incorporated as follows:
Foyer St. Joseph's Nursing Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

The affiliate is not consolidated into the RHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Dr. Noble Irwin Regional Healthcare Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under the *Income Tax Act*.

Under the Foundation's Articles of Incorporation, the activities of the Foundation are restricted to providing funding for the betterment of healthcare for the people of Southwest Saskatchewan.

These financial statements do not consolidate the financial activities of the Foundation. Alternatively, Note 9 b) iii) provides supplementary information of the Foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received or receivable for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received or receivable from Ministry of Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a declining balance basis over their estimated useful lives as follows:

Buildings	3%
Land improvements	10 %
Equipment	10 %
Information systems	10 %
Vehicles	20 %

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length-transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instrument are as follows:

- Cash is classified as held-for-trading
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities
- Long-term debt is classified as other liabilities. The related debt premium or discounted and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2012 (2011 –none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with the financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	March 31, 2012			March 31, 2011
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 1,422,224	$ -	$ 1,422,224	$ 1,422,224
Land Improvements	1,005,387	719,358	286,029	231,118
Buildings	76,947,882	23,629,116	53,318,766	54,527,404
Equipment	39,803,694	26,567,650	13,236,044	13,300,615
Information systems	859,032	525,197	333,835	370,928
Vehicles	1,562,021	1,169,832	392,189	314,675
Construction in Progress	2,317,080	-	2,317,080	113,160
	$ 123,917,320	$ 52,611,153	$ 71,306,167	$ 70,280,124

4. Commitments

a) Capital Assets Acquisitions
At March 31, 2012, commitments for acquisition of capital assets were $95,285 (2011 - $6,909).

b) Operating Leases
The minimum annual payments under operating leases on property over the next five years on which the Ponteix Health Centre is located is one dollar for each year. The land is rented from Les Soeurs de Notre Dame d'Auvergne. The lease term is for twenty years effective March 1, 1997 with an option for the Board to renew the lease for a further twenty years on an annual basis. The Board is required to maintain appropriate general liability insurance for the premises.

c) Contracted Health Service Operators
The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2012. Note 9 b) provides supplementary information on Health Care Organizations.

5. Mortgage Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Oustanding 2012	2011
Cypress Lodge Nursing Home CMHC, due February 1, 2023	7.50%	$31,638 principal and interest	$ 236,620	$ 250,233
Gull Lake & District Special Care Home CMHC, due August 1, 2026	8.00%	$44,751 principal and interest	385,352	399,180
Herbert Nursing Home CMHC, due February 1, 2020	4.52%	$55,947 principal and interest $15,952 is subsidized by SHC yielding an effective interest rate of 2%	372,171	410,472
Prairie View Health Centre CMHC, due June 1, 2022	4.17%	$26,370 principal and interest $9,333 is subsidized by SHC yielding an effective interest rate of 1%	220,018	236,888
Swift Current Care Centre CUCORP, due October 1, 2019 Renewal date - October 1, 2014	5.15%	$104,592 principal and interest	640,401	709,967
Western Senior Citizen Home CMHC, due February 1, 2025	8.00%	$25,484 principal and interest	206,380	215,240
			2,060,942	2,221,978
Less : Current Portion			170,025	160,978
			$ 1,890,917	$ 2,061,000

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2013	$ 170,025
2014	180,656
2015	190,860
2016	201,672
2017	213,132
2018 and subsequent	$ 1,104,597

6. Deferred Revenue

Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
SASK HEALTH INITIATIVES				
Team Facilitator	$ 68,948	$ 27,694	$ -	$ 41,254
RNNP Leader Project	69,291	69,291	-	-
Primary Care Team - Pharmacy	48,947	14,839	40,000	74,108
Primary Care - Leader Physicians	156,287	42,169	-	114,118
Primary Care - Maple Creek Physicians	48,454	-	-	48,454
Quality Workplace	10,000	-	-	10,000
Cultural Awareness Training	18,577	-	5,000	23,577
Nursing Safety Training Initiative	54,859	-	-	54,859
Nursing Model Expansion	46,424	-	-	46,424
Advanced Cardiac Life Training	4,768	4,768	-	-
Nursing Professional Development	5,458	-	-	5,458
Recruitment of IEN Settlement	25,000	-	-	25,000
Youth Detox Program	66,496	-	-	66,496
A&D Initiative	15,439	-	-	15,439
Parent Mentoring	16,000	-	-	16,000
Get Fit Be Fit	4,646	4,646	-	-
HPV Administration	12,768	-	-	12,768
MMR Immunization	21,174	-	-	21,174
MUMPS Administration	11,700	-	11,740	23,440
Safety Training	72,535	-	-	72,535
Integrated Case Management Training	4,677	-	-	4,677
Midwifery	76,767	24,295	-	52,472
Autism Framework	150,000	-	82,800	232,800
Infection Control Funding	94,408	-	48,943	143,351
Enhanced Dental Initiative	-	-	24,755	24,755
HIV Strategy	-	-	16,000	16,000
Paramedica Act Changes	21,000	21,000	-	-
Physician Recruitment	25,000	-	-	25,000
EMT Enhancement Pilot	84,000	40,000	-	44,000
IPCC Conference	5,992	-	-	5,992
IHI Collaborative	20,000	-	-	20,000
Surgical Initiaitive	790,020	565,382	-	224,638
Radiology Review	1,294,525	901,656	-	392,869
Ottawa Model	-	-	17,298	17,298
Leader Facility Planning	-	-	150,000	150,000
Cabri/Gull Lake Physicians	-	-	32,000	32,000
Total Sask Health	**$ 3,344,159**	**$ 1,715,740**	**$ 428,536**	**$ 2,056,955**

6. Deferred Revenue – Continued

Non Sask Health Initiatives				
ABI Program Funding	$ 23,778	$ -	$ 7,440	$ 31,218
1st Step	814	-	-	814
Abbott Nutrition Services Education	3,000	-	-	3,000
Donations	197,807	-	31,112	228,919
LEAN funding	165,554	38,380	-	127,174
Mental Health Conference	9,450	-	-	9,450
Regina Qu'Appelle - Autism Funding	40,000	-	40,000	80,000
SAHO Dental Initiative	-	-	26,206	26,206
Food Security Program	-	-	14,853	14,853
Sanofi Aventis - CDM funding	27,207	76,940	58,800	9,067
Seniors Safety Expo	1,834	1,834	-	-
SUN Partnership	175,393	77,772	-	97,621
U. of S. Pharmacy Initiative	15,000	-	10,000	25,000
Total Non Sask Health	**$ 659,836**	**$ 194,926**	**$ 188,411**	**$ 653,322**
Total Deferred Revenue	**$ 4,003,995**	**$ 1,910,666**	**$ 616,948**	**$ 2,710,277**

7. Net Changes in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2012	2011	Capital Fund	Community Trust Fund	Total 2012	Total 2011
(Increase) Decrease in accounts receivable	$ (192,919)	$ 270,157	$ 21,582	$ 5,000	$ 26,582	$ (29,937)
(Increase) Decrease in inventory	(73,210)	323,044	-	-	-	-
(Increase) Decrease in prepaid expenses	(245,703)	(24,975)	-	-	-	-
Decrease in other current assets	-	-	-	-	-	-
(Decrease) in accounts payable	(481,257)	1,660,846	323,782	-	323,782	-
Increase in accrued salaries	(2,040,954)	(2,951,934)	-	-	-	-
Increase in vacation payable	138,499	376,051	-	-	-	-
Increase (Decrease) in deferred revenue	(1,293,718)	(2,099,399)	-	-	-	-
	$ (4,189,261)	$ (2,446,210)	$ 345,363	$ 5,000	$ 350,363	$ (29,937)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2012, was $32,130 (2011- $38,932). These amounts are reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Minister of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2012	2011
Revenues		
Health Quality Council	$ 43,714	$ 4,555
Saskatchewan Association of Health Organizations	80,100	564,883
Saskatchewan Government Insurance	131,428	151,124
Worker's Compensation Board (Saskatchewan)	226,595	279,403
Related Party Revenues	$ 481,837	$ 999,965
Expenditures		
eHealth (formerly SHIN)	$ 199,699	$ 129,524
Minister of Finance	145,158	87,928
Ministry of Government Services	742,199	702,042
Public Employees Pension Plan	188,407	178,158
Regina Qu'appelle Health Region	879,713	682,125
Saskatchewan Association of Health Organizations	3,423,618	3,341,069
Saskatchewan Health Employees Pension Plan	4,961,038	4,562,949
SaskEnergy Incorporated	579,902	630,102
Saskatchewan Power Corporation	758,852	731,038
Saskatchewan Telecommunications Holding Corporation	423,204	520,124
Saskatchewan Government Insurance	20,860	16,071
Worker's Compensation Board (Saskatchewan)	976,585	1,632,197
Related Party Expenditures	$ 13,299,235	$ 13,213,327
Accounts Payable		
eHealth (formerly SHIN)	$ 27,300	$ -
Health Quality Council	-	7,258
Minister of Finance	9,508	8,588
Ministry of Government Services	43,632	40,122
Regina Qu'appelle Health Region	198,600	188,966
Saskatchewan Association of Health Organizations	303,214	265,560
Saskatchewan Health Employees Pension Plan	396,633	352,076
SaskEnergy Incorporated	68,458	129,147
Saskatchewan Power Corporation	59,137	60,345
Saskatchewan Telecommunications Holding Corporation	35,397	39,364
Worker's Compensation Board (Saskatchewan)	103,207	95,130
Related Party Payable	$ 1,245,086	$ 1,186,556

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2012	2011
McKerracher Support Services Inc	$ 127,433	$ 128,400
Canadian Mental Health Association	137,528	175,496
Gull Lake Ambulance	214,035	142,350
Ponteix Ambulance	250,666	206,976
Val Marie Ambulance	141,393	124,394
Frontier Ambulance	199,345	144,638
Swift Current Ambulance	1,037,324	840,948
	$ 2,107,724	$ 1,763,202

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by a privately owned affiliate. The Act requires the affiliate to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over the affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administration function with the affiliate.

The following presentation discloses the amount of funds granted to the affiliate:

	2012	2011
Foyer St. Joseph Nursing Home	$ 1,732,491	$ 1,796,377

Ministry of Health requires additional reporting in the following audited financial summaries of the affiliate entities for the years ended March 31, 2012 and 2011.

	Total 2012 (audited)	Total 2011 (audited)
Balance Sheet		
Assets	$ 1,019,160	$ 996,528
Net Capital Assets	414,927	415,194
Total Assets	$ 1,434,087	$ 1,411,722
Total Liabilities	$ 164,506	$ 203,478
Total Net Assets (Fund Balances)	1,269,581	1,208,244
Total Liabilities & Fund Balances	$ 1,434,087	$ 1,411,722
Results of Operations		
RHA Grant	$ 1,732,491	$ 1,796,377
Other Revenues	481,426	500,409
Total Revenue	2,213,917	2,296,786
Salaries & Benefits	1,879,027	1,957,718
Other Expenses	273,553	280,167
Total Expenses	$ 2,152,580	$ 2,237,885
Excess Revenue over Expenses	$ 61,337	$ 58,901
Cash Flows		
Cash from Operations	$ 12,496	$ 192,459
Cash used in Financing Activities	(17,983)	(14,421)
Cash provided by (used in) Investing Activities	56,191	(363,585)
Increase/(Decrease) in Cash	$ 50,704	$ (185,547)

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Dr. Noble Irwin Regional Healthcare Foundation (the Foundation). The RHA has an economic interest in the Foundation. The Foundation provided the RHA with $138,046 (2011 - $429,801)

10. Comparative Information

Certain 2011-12 balances have been reclassified to conform to the current year's presentation.

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).
2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.
3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required contributions to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2012				2011
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	1,356	-	17	1,373	1,377
Member contribution rate, percentage of salary	7.20 - 9.60%	-	5.00 - 7.00%		
RHA contribution rate, percentage of salary	8.064 - 10.75%		5.00 - 7.00%		
Member contributions	4,785,160	-	92,130	4,877,289	4,475,251
RHA contributions	5,359,042	-	92,130	5,451,172	5,001,773

*Contribution rate varies based on employee group

1. Active members include all employees of the RHA, including those on leaves of absence as of March 31, 2012.
Inactive members are not reported by the RHA, their plans are transferred to SHEPP and directly managed by them.

12. Budget

The RHA Board approved the 2011-12 budget plan on May 26, 2011.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - accounts receivable
  - accounts payable
  - accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market values.
- The fair value of mortgages payable and long-term debt before the repayment required within one year is $2,100,266 (2011 - $2,272,042) and is determined using the discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies

d) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit limit of $1,000,000 (2011 - $1,000,000) with an interest charged at prime less 1/2%, which is re-negotiated annually. The line-of-credit is secured by RHA assets. Total interest paid on the line-of-credit in 2012 was $ nil (2011 - $ nil). This line-of-credit was approved by the Ministry.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2012			2011		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ (5,610)	$ 5,610	$ -	$ -	$ -	$ -
Capital asset purchases	(446,859)	615,266	(168,407)	(423,219)	423,219	-
Other	-	-	-	-	-	-
	$ (452,469)	$ 620,876	$ (168,407)	$ (423,219)	$ 423,219	$ -

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $1,298,980 (2011 - $1,441,186) under these agreements.

Following is the status of the trust funds at March 31, 2012:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The pre-amalgamation agreements outline how the funds are to be used and administered.

17. Future Accounting Changes:

The Canadian Institute of Chartered Accountants (CICA) approved an amendment to require Government Not-For-Profit Organizations reporting under section 4400 of the CICA handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. The impact of this change is expected to be minimal at this point in time.

18. Pay for Performance:

Effective April 1, 2012 a pay for performance compensation plan was implemented. As a result, senior employees were paid 90% of base salary for the fiscal year ended March 31, 2012. Senior employees are eligible to earn up to 110% of their base salary. The amounts over 90% of base salary are considered 'lump sum performance adjustments'. Lump sum performance adjustments have not been determined for the year ended March 31, 2012 because information required to assess senior managements' performance is not yet available. The performance adjustments for the 2011-12 fiscal year will be paid out in the 2012-13 fiscal year.

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Expenses

Schedule 1

for the year ended March 31, 2012

	Budget 2012	Actual 2012	Actual 2011
Operating:			
Advertising & public relations	$ 63,880	$ 66,057	$ 54,992
Board costs	100,000	117,992	79,044
Compensation - benefits	13,561,325	13,630,760	12,823,455
Compensation - salaries	73,509,322	71,888,358	68,749,223
Continuing education fees & materials	259,782	173,923	163,922
Contracted-out services - other	1,464,587	1,657,829	1,390,302
Diagnostic imaging supplies	80,900	73,944	69,520
Dietary supplies	66,250	33,166	33,253
Drugs	1,148,970	1,194,892	1,079,355
Food	1,918,825	1,972,425	1,865,688
Grants to ambulance services	1,519,391	1,758,275	1,443,381
Grants to health care organizations & affiliates	2,017,452	1,997,452	2,059,436
Housekeeping & laundry supplies	739,208	760,870	732,865
Information technology contracts	496,026	542,921	459,479
Insurance	280,000	261,155	267,753
Interest	18,000	14,146	13,869
Laboratory supplies	1,185,000	1,189,081	1,207,944
Medical & surgical supplies	2,308,055	2,559,457	2,209,413
Medical remuneration & benefits	11,245,999	11,607,390	10,912,648
Meetings	-	-	-
Office supplies & other office costs	1,134,379	1,040,624	1,024,298
Other	676,065	1,048,439	1,475,379
Professional fees	725,407	822,598	638,813
Prosthetics	310,000	369,689	351,223
Purchased salaries	7,000	184,319	9,278
Rent/lease/purchase costs	751,350	1,379,364	878,736
Repairs & maintenance	2,246,021	2,556,138	2,519,722
Supplies - Other	268,340	231,583	240,047
Therapeutic supplies	-	-	-
Travel	1,158,243	1,192,662	1,157,662
Utilities	1,975,721	1,822,269	1,894,112
Total Operating Expenses	$ 121,235,498	$ 122,147,780	$ 115,804,810
Restricted:			
Amortization		$ 3,252,055	$ 3,264,520
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage interest expense		126,990	135,763
Other		138,022	52,047
		$ 3,517,067	$ 3,452,330

CYPRESS REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
As at March 31, 2012

Schedule 2

	Fair Value	Maturity	Effective Rate
Restricted Investments			
Cash and Short Term			
Chequing and Savings :			
Concentra	$ 8,647,515		
Royal Bank (Shaunavon)	82,513		
Sandhills Credit Union (Leader)	59,248		
Cypress Credit Union (Maple Creek)	60,807		
Credit Union (Eastend)	4,806		
Royal Bank (Climax)	25,816		
CIBC (Mankota)	44,678		
	$ 8,925,382		
Short Term Investments:			
Eastend Credit Union	$ 150,000	12/12/2012	1.00%
CIBC (Mankota)	42,368	6/9/2012	1.30%
Various Membership Equities	8,745		
	$ 201,113		
Total Cash & Short Term Investments	$ 9,126,494		
Long Term Investments:			
Cypress Credit Union (Maple Creek)	$ 800,000	2/11/2015	2.50%
Total Long Term Investments	$ 800,000		
Total Restricted Investments	**$ 9,926,494**		
Unrestricted Investments			
Cash and short term			
Chequing and savings			
Concentra	$ 18,626,217		
Petty Cash	7,660		
Petty Cash (Trust)	1,250		
RBC Dominion Securities	107,102		
BMO Nesbitt Burns	1		
	$ 18,742,230		
Short Term Investments			
Cdn Western Bank GIC	95,000	12/17/2012	1.80%
Equitable Trust GIC	95,000	12/17/2012	1.81%
Home Trust GIC	68,871	12/17/2012	1.80%
Province of Ontario	1,580,070	12/2/2012	4.50%
	$ 1,838,941		
Total Cash & Short Term Investments	$ 20,581,171		
Long Term			
Canada Savings Bond	$ 45,092	01/11/2016	0.50%
Canada Savings Bond	200,411	10/31/2017	0.50%
Various Membership Equities	45		
Total Long Term Investments	$ 245,548		
Total Unrestricted Investments	**$ 20,826,719**		
Total Investments	**$ 30,753,214**		

Restricted & Unrestricted Totals	
Total Cash & Short Term	$ 29,707,665
Total Long Term	1,045,548
Total Investments	**$ 30,753,214**

Restricted Investments consist:
- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services)(SHC) are held in the Capital Fund (Schedule 4)
- Donations and internally restricted reserves

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

for the year ended March 31, 2012

Schedule 3

CAPITAL FUND

	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations	$ 1,030,844	$ -	$ 138,698	$ (223,949)	$ -	$ 945,593
Total Capital Fund	**$ 1,030,844**	**$ -**	**$ 138,698**	**$ (223,949)**	**$ -**	**$ 945,593**

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance, beginning of year	Investment & Other Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Maple Creek - Hospital	$ 652,198	$ 17,605	$ -	$ -	$ -	$ 669,803
Maple Creek - Cypress Lodge	196,253	3,471	-	-	-	199,724
Shaunavon Hospital & Care Centre	187,851	1,629	-	-	(106,967)	82,513
Eastend Wolf Willow Health Centre	164,471	1,800	-	-	(11,440)	154,831
Prairie View Health Centre (Mankota)	80,621	1,455	5,000	(30)	-	87,046
Leader Hospital	101,461	-	-	-	(50,000)	51,461
Border Health Centre	25,546	270	-	-	-	25,816
Western Senior Citizens Home	7,787	-	-	-	-	7,787
Mankota Trust Loan	25,000	-	-	-	(5,000)	20,000
Total Community Trust Fund	**$ 1,441,186**	**$ 26,231**	**$ 5,000**	**$ (30)**	**$ (173,407)**	**$ 1,298,980**
Total Externally Restricted Funds	**$ 2,472,031**	**$ 26,231**	**$ 143,698**	**$ (223,979)**	**$ (173,407)**	**$ 2,244,573**

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Funds
(Capital and Operating Fund Equity)
for the year ended March 31, 2012

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of of year
Capital						
SHC Replacement Reserves						
Cypress Lodge	$ 119,409	$ 1,731	$ -	$ -	$ (5,117)	$ 116,023
Gull Lake Special Care Centre	99,692	1,445	-		(5,117)	96,020
Herbert Nursing Home	67,246	975	10,234	-	-	78,455
Western Senior Citizen Home	79,841	1,158	-	-	-	80,999
Total SHC	$ 366,189	$ 5,309	$ 10,234	$ -	$ (10,234)	$ 371,498
Other Internally Restricted Funds						
Saskatchewan Health Restricted						
SHIN Capital Fund	189,703	-	-	(4,476)	-	185,227
Infastructure Funding Fiscal 2008-09	2,351,507	-	12,480	(656,158)	-	1,707,829
Patient Safety Funding 2008-09	21,728	-	-	(21,728)	-	(0)
Maple Creek Facility funding	5,811,574	73,266	-	(1,897,481)	-	3,987,359
Swift Current Long Term Care Planning	35,923	-	-	(6,671)	-	29,252
Cypress Regional Hospital	400,000	-	-	-	-	400,000
Capital Funding Fiscal 2009-10	247,023	-	-	(217,337)	-	29,686
Leader Facility Funding	125,000	-	-	(111,513)	-	13,487
Capital Funding Fiscal 2010-11	450,000	-	-	(269,940)	-	180,060
Infastructure Funding Fiscal 2010-11	700,000	-	-	(3,045)	-	696,955
Surgical Capital Funding Fiscal 2010-11	350,000	-	45,000	(281,149)	-	113,851
Region restricted						
Eastend Wolf Willow Health Centre	50,343	-	-	-	-	50,343
Total Internally Restricted Funds	$ 11,098,989	$ 78,575	$ 67,714	$ (3,469,498)	$ (10,234)	$ 7,765,546

CYPRESS REGIONAL HEALTH AUTHORITY

BOARD MEMBER REMUNERATION

for the year ended March 31, 2012

Schedule 5A

RHA Members	2012 Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2012 Total	2011 Total
Bragg, Tyler	$ 9,960	$ 14,522	$ 4,497	$ 6,357	$ -	$ 1,115	$ 36,450	$ 29,382
Busby, Pamela	-	5,300	2,228	3,426	-	299	11,253	7,539
Duncan, Donald	-	1,000	277	465	-	-	1,741	1,772
Heeg, Ronald	-	4,150	862	2,335	-	-	7,347	5,318
Lewis, Donald	-	4,325	1,786	2,663	-	-	8,774	4,570
Quintin, Lyle	-	4,475	538	223	-	175	5,411	3,242
Smith, Judy	-	5,550	2,900	4,703	-	358	13,512	7,102
Stephens, Larry	-	5,950	813	1,232	-	53	8,048	6,015
Whiteside, Brian	-	4,700	480	565	-	177	5,923	2,216
Wilson, Terry	-	3,750	658	470	-	145	5,023	3,342
Total	$ 9,960	$ 53,722	$ 15,036	$ 22,440	$ -	$ 2,322	$ 103,480	$ 70,497

CYPRESS REGIONAL HEALTH AUTHORITY

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

for the year ended March 31, 2012

Schedule 5B

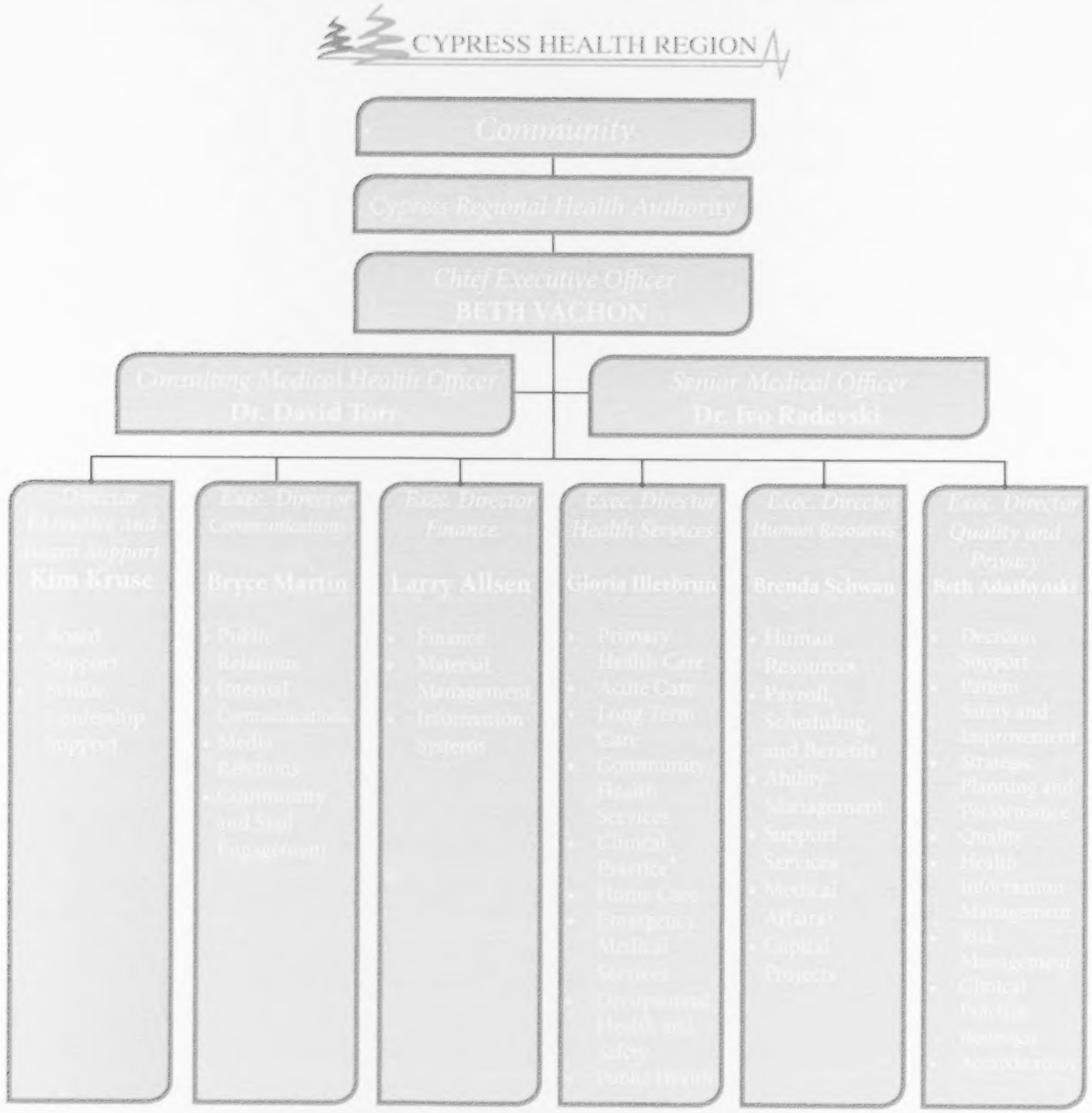
Senior Employees	2012 Salaries[1]	Vacation Payout[1, 3]	Sub-total (Total Salaries)	Benefits and Allowances[2]	Severance Amount	2012 Total	2011 Salaries, Benefits & Allowances[1,2]	2011 Severance	2011 Total
Jim Hornell - CEO	$ -	$ -	$ -	$ -	$ -	$ -	$ 42,901	$ -	$ 42,901
Beth Vachon - CEO	261,551	18,728	280,279	750	-	281,029	176,276	-	176,276
Kim Kruse - Director Executive and Board Support	69,217	-	69,217	1,525	-	70,742	69,173	-	69,173
Bryce Martin - Executive Director Communications	118,213	5,856	124,069	-	-	124,069	111,259	-	111,259
Beth Adashynski - Executive Director Quality and Privacy	110,856	5,456	116,312	276	-	116,588	118,881	-	118,881
Edward Harding - Executive Director Finance	-	-	-	-	-	-	23,453	33,718	57,171
Larry Allsen - Executive Director Finance	144,848	10,285	155,133	755	-	155,888	140,648	-	140,648
Brenda Schwan - Executive Director Human Resources	168,137	12,445	180,582	717	-	181,299	188,269	-	188,269
Christine Mirka - Executive Director Health Services	-	-	-	-	-	-	61,251	-	61,251
Gloria Illerbrun - Executive Director Health Services	152,114	-	152,114	755	-	152,869	100,710	-	100,710
Dr. David Torr - Medical Health Officer	194,553	-	194,553	-	-	194,553	193,223	-	193,223
Dr. I Radevski - Senior Medical Officer	132,802		132,802	-	-	132,802	122,794	-	122,794
Total	$ 1,352,291	$ 52,769	$ 1,405,060	$ 4,778	$ -	$ 1,409,838	$ 1,348,838	$ 33,718	$ 1,382,556

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

3. Senior management was required to have prior years outstanding vacation paid out in 2009-10.

Organization Chart



*As of March 31, 2012

Payee Disclosure Lists

As part of their commitment to accountability and transparency, the Ministry of Health and the Cypress Health Region disclose payments by payee for the 2011-12 fiscal year. The Government of Saskatchewan Treasury Board determines the threshold for payees (individuals, affiliates, and other organizations) requiring disclosure and for the 2011-12 fiscal year the minimum threshold has been maintained at $50,000.

The *Payee Disclosure Lists* include payments for the following categories, with information to be included as follows:

- *Personal Services* – stated amounts include all payments made to individuals throughout the fiscal year and ***are not restricted to base salary payments***. Payments to individuals who are unionized or non-unionized employees and contracts where an 'employee/employer' relationship has been established are included in this list. The recorded amounts include regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, any other direct cash remuneration including sick leave, vacation, short-term disability, and differentials which total $50,000 or more.
    - Contracts – the total amount paid (over the threshold) if an 'employee/employer' relationship exists. If the relationship does not exist and the payment is over the minimum threshold, the amount is reported as a 'Supplier Payment'.
- *Supplier Payments* – payees who received $50,000 or more for the provision of goods and/or services, including supplies, contracts, and equipment; contracts over the minimum threshold of contacts where an 'employer/employee' relationship does not exist.
- *Transfers* – listed, by program, transfers to recipients who received $50,000 or more for program grants, funding, foundations, donations, sponsorships, and Health Care Organizations.

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2012

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

ACHTER	CANDLLE	90,322
ACHTER	ANGIE	64,058
ADAM	DIANA	64,068
ADAMSKA	TERESA	86,986
ADASHYNSKI	BETH	118,872
ADDAI	MATILDA	91,807
ADDAI	STEPHAN	467,622
ADWEDAA	EBENEZER	452,512
AHMODU	OLORUNFEMI	379,109
ALDAG	MARLENE	112,830
ALLSEN	LARRY	157,807
AMAN	RALPH	94,182
AMU-DARKO	KOFI	280,013
AMUNDSON	SIBRENA	56,530
AN	JI HOON	98,635
ANDERSON	MARY	93,791
ANDERSON	AMANDA	80,693
ANDERSON	IRENE	68,155
ANDREAS	DAPHNE	114,428
ANTONIUK	DARUSIA	52,402
APPLEBY	CHERI LYN	86,217
ARMSTRONG	SHANNON	103,120
ARMSTRONG	NADINE	65,192
ARNOLD	CORINNE	95,305
ARWINI	MOHAMAD	590,490
ASHTEKAR	VEEJAY	522,467
BAIN	GORDON	52,346
BANKS	MALCOLM	83,766
BANMAN	LEANNE	76,349
BARRETTO	IGNACIO	281,354
BAZIN	JILLANE	56,148
BEN ISSA	ENTISAR	84,081
BERG	DOROTHY	52,372
BERG	KAREN	51,980
BIDWELL	TELEAH	62,985
BILANSKI	ERNA	95,740
BISCHOFF	PAMELA	70,361
BISSONNETTE	DEBORAH	85,241
BITZ	DONNA	71,737
BLAKE	CANDACE	113,873
BLANKE	ASHLEY	85,301
BOLDING	LAUREEN	51,225
BOLLMAN	JULIE	77,214
BOLTON	ERIN	81,695
BOOTH	DWIGHT	110,327
BORUCH	SHEILA	66,321
BOSSE	CHARLOTTE	54,305
BOURLON	ARMANDE	57,803

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

BOUTILIER	BRADLEY	70,916
BOUTIN	BRITANY	80,550
BRAATEN	DAWN	56,804
BRABENDER	BEATRICE	90,117
BRADLEY	RHONDA	66,086
BRAUN	KAREN	67,167
BREHM	KAREN	110,745
BRIDAL	LINDA	76,698
BRIERE	CLAUDE	57,997
BRIGGS	LEAH	79,232
BROKS	DIANE	116,077
BROWN	LANA	98,800
BROWN	PATRICIA	93,223
BROWN	LEANNE	66,798
BROWNE	GRANT	93,214
BRYNGELSON	CHERYL	78,142
BUCHA	UMA	84,650
BUCKINGHAM	EMILY	66,090
BULIN	JANELLE	51,875
BURNETT	WANDA	59,985
BURTON	SUSAN	68,840
BURTON	VALERIE	65,693
BYKER	LEONARD	55,908
BYMOEN	CRAIG	55,882
CAISSIE	WENDY	77,059
CALOW	MICHELLE	101,766
CAMERON	KATHERINE	107,157
CAMMER	NOREEN	63,603
CAPPELLE	LYRIS	84,280
CARIGNAN	MELISSA	100,866
CARLETON	MYRA	99,092
CARLETON	GLENDA	60,412
CARLETON	FAUNA	52,384
CARR	GLADYS	51,622
CAVE	MILA	89,909
CEDERHOLM	SUSAN	113,471
CHIKOPELA	ROSTINA	120,119
CHISHOLM	JOHN	80,089
CHISHOLM	MARGARET	51,882
COCHRANE	IDA	60,533
COLE	HEATHER	66,727
CONEYS	DAVID	78,588
CONNOLLY	LAURA	53,958
COOPER	ASHLEY	71,919
COULTER	VALERIE	99,652
COULTER	TERRY	90,306
CRAWSHAW	TIMOTHY	79,095
CREIGHTON	JOYCE	101,266

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2012

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

CROCKETT	SHARON	50,823
CRONAN	CARLA	76,769
CROZIER	SHELLY	65,139
CUNNINGHAM	GAIL	72,209
CUPPLES	LYNN	52,294
DAWSON BRIERE	SHELLEY	93,450
DE KLERK	HEIN	242,597
DEG	ARLENE	51,899
DEKOWNY	PATRICIA	71,196
DEMPSEY	SHEILA	95,235
DEOBALD	MARLENE	81,981
DERKSEN	KATHY	62,063
DERMODY	MARIE	53,316
DESHAIES	MARIE	100,864
DOKKEN	DONNA	53,232
DRUMMOND	CINDY	115,230
DU TOIT	STEFAN	140,671
DUECK	BRENDA	76,911
DUECK	BARRY	66,545
DUECK	BONITA	50,084
DUNCAN	TAMMY	109,038
DUNCAN	DAVID	67,072
DUNN	GREGORY	122,489
DUNNINGTON	ARLENE	81,131
DYCK	CAROL	94,692
DYCK	LORIE	74,101
DYCK	RYAN	74,012
DYCK	DAWN	70,149
DYCK	LARRY	62,066
DYCK	NANCY	50,393
EBNER	STEPHANIE	51,243
EDDY	CAROL	102,460
EIDSNESS	RUTH	103,100
ELSASSER	RAYLENE	94,740
EMPEY	BONNIE	139,797
EMPEY	STACIE	69,570
ENTEM	CATHERINE	54,568
EPP	MARY	50,811
ERDAHL	KRISTY	62,546
ERIKSON	LEE	107,322
EVENSON	BONNIE	53,530
EWEN	CLAYTON	53,518
FAKHIR	SHAMSUDDIN	472,601
FEHR	HELEN	123,808
FEHR	MARGARET	97,496
FEIL	ROXANNE	61,096
FENSOM	LINDSAY	75,993
FENSOM	BENJAMIN	59,375

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

FERGUSON	BRITNY	74,121
FESCHUK	MELANIE	106,993
FINLAY	LAURIE	60,531
FITZPATRICK	ELAINE	82,992
FLATERUD	FLORENCE	83,124
FLEURY	BRENDA	105,637
FLEURY	DEAN	82,389
FLYNN	PENNY	68,311
FORTMAN	SANDRA	73,567
FOSSUM	EILEEN	82,904
FREDERICK	SHANNON	66,615
FRIESEN	MARGARET	92,848
FRIESEN	YVETTE	85,568
FRITZ	BONNIE	87,059
FROEHLICH	CINDY	65,153
FROYMAN	DEBRA	68,750
FRY	JULIA	64,648
GABRIEL	LYNDSAY	67,487
GALBRAITH	SHANNON	86,734
GARDNER	TERRY	59,918
GARIES	JOHN	83,376
GARIES	ELAINE	70,421
GARRECHT	JEANETTE	64,826
GARRETT	MICHELE	80,979
GATES	GLENDA	101,434
GATES	JILL	57,915
GATZKE	JASON	227,786
GETZ	MARY	68,114
GHORI	AQEEL	88,906
GIESBRECHT	BRADFORD	80,034
GIESBRECHT	JESSICA	56,035
GIESBRECHT	ANGELA	52,271
GILLANDERS BELL	TARA	93,615
GILLIES	INES	55,348
GINTER	LAURA	78,439
GIZEN	JUNE	75,878
GLYDON	ORLA	94,664
GODDARD	SUSANNE	82,168
GOLD	KARLA	85,827
GOLDEN	BARBARA	96,094
GORDON	MARIANNE	81,672
GOUDY LODOEN	LAURA	97,703
GOVENDER	RAJAN	368,127
GRAND	KAREN	80,561
GRANT	JANELL	112,935
GRANT	GREGORY	90,340
GREEN	STEPHANIE	107,866
GREGG STEIER	ANGELIQUE	66,846

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2012

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

GROVES	BRENDA	119,480
HAGEL	MARILYN	52,751
HAIDT	NICOLETTE	84,857
HALDERMAN	PEOTTA	78,141
HALL	TRISHA	66,849
HALVORSON	CINDY	73,749
HALYK	MORGAN	65,292
HAMM	DONNA	98,212
HAMM	BONNY	97,367
HANNA	SHANNON	76,221
HANSEN	JESSIE	91,170
HANSON	FERN	86,663
HARDER	MYRNA	60,938
HARDING	HALEY	72,575
HARDY	TRICIA	84,007
HARLE	ROBIN	77,836
HARLICK	SANDRA	91,978
HARRIS	GORDON	50,310
HARRISON	YOLANDA	72,678
HARRISON	SARAH	78,516
HART	SHELLY	77,212
HARTLEY	VALERIE	110,793
HAUBRICH	YVONNE	77,938
HAWKINS	KRISTIN	88,977
HEINRICHS	LORRAINE	114,905
HEINRICHS	MORAG	106,047
HEISER	BEVERLEY	73,379
HENDERSON	CHANTAL	85,901
HENNIG	JENNIFER	93,533
HERTER	MELISSA	60,396
HILDEBRAND	CAROL	75,759
HILTS	ELAINE	69,120
HINKLEY	AMELIA	61,111
HITTEL	CLARA	75,603
HODGSON	MARYANN	92,348
HOFFARTH	SHARON	96,732
HOLDERBEIN	SHARLENE	115,898
HOLDERBEIN	VALERIE	89,201
HOLDERBEIN	MARGARET	64,000
HOLMES	PEGGI	106,165
HOQUE	MOHAMMED	193,789
HORNUNG	SHERRY	120,234
HOUDE	IRENE	53,430
HOVDESTAD	RENEE	110,766
HOWELL	MARY ROSE	75,198
HUNTER	TIMOTHY	88,763
HUNTER	JACQUELIN	62,459
HYATT HIEBERT	RACHEL	76,834

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

IBRAHIM	JANELLE	54,002
ILLERBRUN	GLORIA	158,009
ILLERBRUN	PATRICIA	67,011
ILLERBRUN	BRANDY	55,068
INGHAM	BAILEY	70,109
JAMES	TERRY LEE	76,776
JANIS	PENNY	58,054
JARLIGO REIMER	KENNET	62,771
JARRETT	JOY	57,718
JENSEN	WENDY	78,853
JOHNSON	V	58,256
JOHNSTON	JOSEPHINE	68,518
JONES	YVONNE	97,003
JONES	TRACEY	94,913
KALINOWSKI	DAWN	117,690
KANNENBERG	TYLER	81,904
KAPUTSA	MICHAEL	85,401
KASSETT	SURESH	70,265
KEHLER	ROXANNE	93,119
KESSY	CONNIE	88,601
KETTNER	MARIE	76,706
KIELLY	ANDREW	115,713
KILCHER	NORMA	130,771
KING	ROBERT	61,871
KIRK	MICHELLE	92,087
KLAASSEN	TODD	60,832
KLASSEN	PAMELA	74,237
KLEIN	PATRICIA	68,331
KLINK	BONNIE	53,298
KNAKOSKE	SUSAN	67,126
KNIPPSHILD	KAREN	79,858
KNOWLTON BRODZIA	SHELLY	80,373
KNOX	CATHERINE	76,424
KNOX	LISA	71,606
KOELLMEL	HEATHER	97,157
KRAHN	ELAINE	77,191
KRAUSE	MARILYN	102,953
KRUG	MICHAEL	64,362
KRUSE	KIM	71,008
L HEUREUX	JOAN	99,923
LAFONTAINE	ANGELA	83,923
LAIRD	MERCY	94,402
LANGAGER	LEANNE	51,105
LEMAY	LYNDA	90,569
LENUIK	PHYLLIS	50,323
LESLIE	DONNA	93,057
LESTER	CHERIE	56,589
LEVORSON	DENISE	89,975

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2012

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

LINDER	LOIS	108,372
LINDMARK	TANIS	59,964
LINDSAY	BARBARA	85,623
LINES	ALEXIS	66,664
LIS	ROSE	124,373
LITTLE	KAITLIN	74,996
LJUNGGREN	BERYL	61,231
LONGMORE	DEBRA	81,098
LOTHAMMER	HEATHER	52,805
LOWE	LINDA	94,188
LOWE	RICKY	93,990
LUBEGA	BONIFACE	441,395
LUCHENSKI	SHELLY	88,456
LUNDBERG	LYNN	73,323
MACDONALD	COLEEN	56,961
MACDONELL	AMBER	61,254
MACKNAK	KELSEY	60,515
MACLEOD	JANE	58,694
MACLEOD	DAVID	53,370
MACWILLIAM	CORNELIA	141,383
MAHFUD	AHMED	99,582
MALASKY	PATRICIA	53,075
MALLECK	NASEEM	572,488
MARTENS	TANYA	70,994
MARTIN	BRYCE	124,888
MASON	TAMMY	81,275
MATTHIES	SCOTT	63,011
MAURER	WANDA	51,286
MAY	LEAH	67,846
MCCONNELL	ANDREA	71,598
MCCONNELL	MIKE	66,167
MCCUAIG	JILL	105,454
MCCUAIG	CAROLINE	92,987
MCCUAIG	CHESTER	87,376
MCKAIG	CRYSTAL	105,783
MCMILLAN	NICKEY	54,065
MEYER	ERLA	111,212
MEYER	HOLLY	102,419
MEYERS	LYNN	61,192
MIGNEAULT	BRITTANY	81,239
MILLAR	MIKKI	114,832
MILLER	SHERRY	108,996
MILLER	BRENDA	59,040
MILLS	RYAN	59,669
MINKEN	COLLEEN	50,193
MISSON	JANET	100,359
MOBERG	TERRI	104,513
MOBERG	HEATHER	104,376

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

MOEN	ALICE	74,666
MONK	CRYSTAL	99,619
MORCK	EUNICE	76,165
MORGAN	SAMUEL	121,528
MORSTAD	MAUREEN	56,065
MOSER	LILY ANNE	71,568
MOSER	LORENE	52,272
MOZOL	AMANDA	67,856
MUDINGAY	KABUYA	270,958
MUDRY LAUTSCH	MARILYN	87,140
MULLENIX	JOANIE	65,628
MUNROE	ROBIN	104,369
MURCH	FRANCES	75,474
MURDOCH	JENIFER	66,308
MURDOCH	ASHLEY	62,470
MURPHY	BARRY	67,294
MUZYKA	ANGELA	82,290
NAGEL	NANCY	51,948
NAGEL	CHERYL	51,399
NAIDOO	NEELANDRAN	120,099
NAPPER	SHANNON	103,949
NELSON	LISA	96,388
NEUSTAETER	WESLEY	66,866
NEVARD	M FERN	94,053
NEWTON	CURTIS	79,912
NICHOLSON	SUSAN	102,441
NORDIN	COLLEEN	83,272
NORDWICK	RITA	73,888
NORRISH	KATRINA	84,478
OAKEY	DARCIE	60,831
OJO	ALABA	702,248
OLFERT	MICHELLE	74,565
OLFERT	VICTORIA	60,641
OLMSTED	PATRICIA	87,282
OLSEN	ERIN	74,759
OLSGARD	LINDA	56,805
OLSON	KRISTA	78,480
OLSON	ANGELA	66,357
OLSON	LANETTE	51,632
ORR	REGGIE	97,022
ORTEGA	TOMMI LYN	58,863
ORTMAN	JOAN	100,748
OSTRANDER	PHYLLIS	53,747
PAINTSIL	JAMES	470,724
PALANGI	MONGA-N'DIMO	343,352
PALMIER	DEANNA	121,911
PANKEVICH	ZHANA	66,516
PANKO	KARLENE	70,247

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2012

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

PANKO	RICK	64,347
PAUL	LEONA	69,588
PAUL	SANDRA	63,649
PAULSON	LORNA	110,135
PAVELY	TAMI	64,853
PEDERSON	VERNA	89,006
PENNER	MARY JEAN	82,060
PENNER	ROCKY	50,475
PERRIN	GRANT	95,602
PERRIN	CYNTHIA	73,920
PETERS	ELEANOR	107,146
PETERS	EUNICE	85,704
PETERSON	BRANDI	89,502
PHILIP	CYNTHIA	79,390
PHILLIPS	GEORGINA	71,463
PILKEY	LAURIE	97,255
PINKNEY	CHRISTINE	53,832
PLATT	DONNA MAR	91,710
PLEWIS	LORRIE	75,028
POINTER	JILLIAN	50,751
POMPU	THERESA	86,222
POPURI	RAMU	65,340
POTTER	STACI	59,217
POWER	TANYA	83,919
PRITCHARD	LORI	115,340
PURVES	TAMMY	81,103
RACKOW	ELIZABETH	90,405
RACKOW	BARON	62,801
RADEVSKI	IVO	549,113
RAYMOND	SIGNE	108,808
REAVIE	EVAN	50,288
RECHENMACHER	JANELLE	71,069
REGIER	TRENTON	126,304
REID	LYNN	65,206
REIMER	MELISSA	76,345
REIMER	KYLA	52,795
REIMER	BRIAN	50,605
REINBOLT	BARBY	99,861
REMPEL	MAUREEN	95,760
REMPEL	MARGARETE	93,859
RENWICK	MARY	89,802
RESENDES	SUSAN	95,189
RICE	JOANNE	81,226
RICHARDSON	CHRISTINA	109,215
ROBERTSON	MARGARET	85,370
ROBINS	LINDA	67,478
ROCHE	RACQUEL	91,422
ROCKABAR	CHRISTINE	62,078

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

ROUSE	DONNA	72,389
ROY	LAUREEN	66,592
RUDD	KENNETH	110,896
RUETZ	CATHERINE	100,740
RUNCIE	ELLEN	120,920
RUSCHKOWSKI	JOY	50,106
RYAN	ELIZABETH	56,622
SABRI	ALI	432,576
SAGADAHL	ANITA	115,626
SAUFERT	SHEENA	53,463
SAVOY	EFFIE	205,509
SAWATZKY	MARILYN	52,258
SCHAFER	DELVINA	50,165
SCHELLENBERG	VIVIAN	85,286
SCHERGER	KATHY	94,148
SCHINDEL	BEVERLEY	77,969
SCHMIDT	ROWLAND	104,934
SCHMIDT	BREANN	69,345
SCHNEIDER	SHELLEY	80,207
SCHULTZ	CARRIANNE	92,479
SCHULTZ	ABBY	87,486
SCHWAN	BRENDA	185,548
SCHWAN	JEFFERY	122,212
SCOTT	CAROL	61,273
SCOTT	LYDA	55,085
SEABORG	DEBBIE	71,554
SEBO	DELORES	50,780
SEKERAK	DEBRA	81,919
SELENSKI	DONNA	84,225
SERWADDA	ROSEMARY	64,420
SHAH	SYED MUNIR	527,057
SHAPAN	MUSTAFA	200,267
SHAW	BONNIE	91,343
SHOTTER	MICHAEL	108,463
SIGURDSON	ESTHER	115,835
SILBERNAGEL	KORI	64,555
SIMMONS	MEGAN	59,058
SINGH	LORETTA	88,279
SKELTON	MARG	124,441
SLADE	AMANDA	64,549
SLETTEN	DEANNA	71,876
SMART	MAXINE	91,431
SMITH	TIANNA	60,988
SMITH	ALLISSIA	57,556
SMITH KLASSEN	ALISON	96,114
SMOUT	ALICE	95,902
SMUK	CONNIE	93,123
SMUK	GREGORY	85,882

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2012

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

SONEN	CYNTHIA	73,698
SONSTEBY	LOUISE	56,537
SPEIR	JENNIFER	82,672
STEARNS	LINDA	52,646
STEENBERG	LOURENS	77,663
STEINKE	KARYN	68,235
STEVENSON	DANIEL	96,202
STEVENSON	JILL	83,750
STEWART	RAELENE	84,639
STIMSON	MARIE	67,003
STOLSON	SUSAN	75,330
STOLSON	VALERIE	68,503
STONE	ANDREA	56,438
STRICKER	ROSALYN	51,443
STRINGER	SUZANNE	109,572
STUART	TARRA	88,624
SWANSON	KIMBERLY	107,876
TAGBOTO	SENYO	69,946
TALAGA	D LORES	77,057
TARDIF	MARY	71,136
TAYLOR	BRENDA	93,249
THAMES	KAREN	89,502
THERRIEN	JANICE	96,521
THERRIEN	JOANNE	50,359
THOMAS	LEANNE	119,697
THOMPSON	KELLY	57,255
THORESON	EDNA	50,868
TONEY	CATHY	67,266
TORR MEDICAL P.C. INC.	DAVID	212,589
TOURIGNY	KRISTA L	86,072
TRAUTWEIN	JOYCE	72,504
TREEN	JACQUALIN	88,848
UDAL	SUZANNE	50,463
UNGER	MALLORY	71,597
UNGER	DEBORAH	61,007
VACHON	ELISABETH	290,882
VALLEE	SUSAN	101,548
VAN BREDA	ALTA	147,451
VAN DER BERG	NICOLAAS	198,894
VAN NUS	MATTHEW	95,561
VANCE	NICOLE	92,635
VANDERSTEEN	ALINE	75,154
VANSTONE	JACQUELIN	111,144
WALLISER	LINDA	116,162
WARD	EMILY	69,791
WARDER	BRENDA	93,025
WATSON	PATRICIA	55,193
WATTS	LEANNE	69,693

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 68 for details on what is included in the amounts below)* which total $50,000 or more.

WEBER	KEN	76,216
WEBER	RHODA	70,745
WEEDON	JILLIAN	61,673
WELLS	CAROL	117,046
WELLSCH	JULIE	58,353
WELSH	LAURA	89,919
WENZEL	COLETTE	95,826
WENZEL	COLLEEN	77,071
WEPPLER	BRENDA	109,212
WEPPLER	STACEY	65,462
WHARTON	TERRY	230,157
WHITE	LAURA	104,664
WIEBE	GLENDA	94,208
WIEBE	MARION	90,593
WIEBE	SHARI	72,016
WIEBE	TRACY	64,568
WIELER	MEGAN	56,169
WIENS	KAREN	66,615
WIG	LAURIE	89,845
WILLIAMS	SHANNON	85,113
WILLMAN	ALLISON	80,531
WILLMAN JOHNSTON	RHONDA	60,232
WILLS	SHEILA	76,372
WILLS	SHIRLEY	52,114
WILMS	ILA	102,233
WILSON	WENDY	109,347
WILSON	PATRICIA	73,215
WILSON	LORELEI	64,975
WILSON	BRITTANY	60,768
WINSOR	WILLIAM	67,550
WOELK	VALERIE	100,551
WOELK	FLORENCE	80,147
WONG	AUDRA	58,799
WOODS	MARYANN	101,204
WOODS	LAVONNE	92,105
WOTHERSPOON	DONNA	80,976
WRIGHT	PATRICIA	113,054
YOUNG	SHERRY	89,336
ZACHARIAS	CAROLYNN	66,740
ZACHARIAS	LYLE	52,212
ZACHARIAS HEUER	VERNA	50,650
ZANIDEAN	VANESSA	93,723
ZANIDEAN	ERIN	62,586

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2012

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page 68 for details on what is included in the amounts below).

A.M. DELIVERY & COURIER SERVICE	55,957.48
A-1 POWER DOOR LTD.	84,937.14
ABBOTT LABORATORIES LTD.	63,144.01
ABBOTT LABORATORIES	54,123.27
ACI ARCHITECTURE INC.	53,632.78
AGFA INC.	140,313.76
ALCON CANADA INC.	452,391.95
BARD CANADA INC.	68,039.55
BAXTER CORPORATION	84,976.62
BECKMAN COULTER	179,334.60
BIOMED RECOVERY & DISPOSAL LTD	86,876.70
BIO-RAD LABORATORIES	70,317.55
BUNZL CANADA	175,706.46
CANADIAN MENTAL HEALTH	138,783.04
CAN-MED HEALTHCARE	57,903.40
CARDINAL HEALTH CANADA INC.	337,463.19
CHARIS MEDICAL	109,985.50
CHERRY INSURANCE INC.	193,999.30
CHINOOK REFRIGERATION	93,951.79
CITY OF SWIFT CURRENT	307,434.94
COUNTRY CLUB DISTRIBUTORS	273,138.89
COVIDIEN SURGICAL	377,827.08
CPDN/LYNDEN LOGISTICS	310,136.05
DEMERS AMBULANCE	288,292.12
DOMCO CONSTRUCTION INC.	269,765.33
ECOLAB LTD	104,133.68
EHEALTH SASKATCHEWAN	222,652.73
ENTERPRISE RENT-A-CAR	70,732.97
FRONTIER AMBULANCE	199,345.10
FUTUREMED HEALTHCARE	315,328.39
G.E. HEALTHCARE CANADA	412,584.56
GEANEL RESTAURANT SUPPLIES	189,496.56
GRAND & TOY LTD.	130,532.25
GREAT WEST LIFE - GL	520,232.65
HBI OFFICE PLUS INC.	147,781.29
HEALTHCARE INSURANCE RECIPROCAL OF CANADA	225,626.00
HILL-ROM CANADA LTD.	196,052.29
HOSPIRA HEALTHCARE CORP	458,348.23
HSAS	88,826.03
IMPORTED BRANDS OF CANADA	58,353.75
INNOVATION CREDIT UNION	125,395.43
INSIGHT CANADA	52,875.57
JOHNSON & JOHNSON CLINICAL	533,225.48
LIFESCAN CANADA LTD	71,782.00
LONDON LIFE INSURANCE COMPANY	72,280.00
MACPHERSON, LESLIE & TYERMAN	132,820.43

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page 68 for details on what is included in the amounts below).

MARSH CANADA LTD	119,080.55
MASTERCARD	270,945.37
MCKERRACHER SERVICES	130,738.68
MCKESSON CANADA	277,162.84
MCKESSON DISTRIBUTION PARTNERS	238,527.23
MDH ENGINEERED SOLUTIONS	51,878.41
MEDICAL ARTS ASSOCIATES	98,533.95
MEDICAL IMAGING CONSULTANTS	527,560.06
MEDTRONIC OF CANADA LTD.	257,540.77
MELHOFF ELECTRIC (77) LTD.	97,726.01
MINISTER OF FINANCE	138,852.68
MOBILE PAVING LTD.	50,400.00
OFFICE OUTFITTERS	59,351.37
OLYMPUS CANADA INC.	197,244.07
PHILIPS HEALTHCARE	176,244.41
PIONEER CO-OP	90,067.94
PPSTN	55,488.40
PUBLIC EMPLOYEE PENSION PLAN	188,407.27
RADIOLOGY ASSOCIATES OF REGINA	366,201.68
RECEIVER GENERAL	20,139,674.64
REGINA QU'APPELLE HEALTH REGION	1,131,180.42
SAHO	368,113.62
SAHO - DENTAL	795,125.17
SAHO - DIP	1,607,714.22
SAHO - ENHANCED HEALTH PLAN	1,818,027.39
SAPUTO	126,438.73
SASK ENERGY	708,832.86
SASK POWER	819,076.02
SASK PROPERTY & MANAGEMENT	686,540.83
SASKTEL CMR	461,708.21
SASKWORKS VENTURE FUND INC.	71,367.82
SCHAAN HEALTHCARE PRODUCTS	816,276.54
SEIU	606,096.79
SELECT MEDICAL CONNECTIONS LTD.	91,277.89
SHEPP	10,059,667.70
SIEMENS CANADA DX	107,636.28
SOLUTIONS STAFFING INC.	69,314.99
SRNA	136,972.60
STANTEC ARCHITECTURE LTD.	1,499,181.80
STERIS CANADA LTD.	140,873.93
STEVENS COMPANY LTD.	155,667.12
SUN	334,786.91
SUPERIOR VACUUM & JANITORIAL SUPPLIES	66,526.18
SUPREME BASICS	141,918.23
SWIFT PLUMBING & HEATING	91,640.05
SYSCO FOOD SERVICES-WEST INC	1,382,101.79
TREEN PACKERS LTD	61,029.67

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2012

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page 68 for details on what is included in the amounts below).

VITALAIRE // GASES	62,161.95
WASTE MANAGEMENT	64,050.02
WHEATLAND MACHINE SHOP LTD.	61,335.10
ZW PROJECT MANAGEMENT INC.	253,466.85

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2012

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more (Refer to Page 68 for details on what is included in the amounts below).

CANADIAN MENTAL HEALTH	$ 137,528
FOYER ST. JOSEPH NURSING HOME	1,732,491
FRONTIER AMBULANCE	199,345
GULL LAKE AMBULANCE	214,035
MCKERRACHER SERVICES	127,433
PONTEIX AMBULANCE	250,666
SWIFT CURRENT AMBULANCE	1,037,324
VAL MARIE AMBULANCE	141,393

Government of Saskatchewan

Saskatchewan Ministry of Health Information:

Patient First Review: The Patient First Review

In November 2008, Health Minister Don McMorris announced the launch of the *Patient First Review*, under the leadership of long-time health administrator Tony Dagnone, Commissioner of the review.

The review has shaped the course of improvements to the provincial health system. Links to the report's findings include:

For Patients' Sake – Commissioners Recommendations:
http://www.health.gov.sk.ca/Default.aspx?DN=79bf4a96-ff32-486d-b4ab-c0d2d4d42922

The Need for Transformation in Health Care Administration (by Deloitte):
http://www.health.gov.sk.ca/Default.aspx?DN=c4733b11-57a3-4633-aa7a-c5851389e100

The Need for More Effective Patient- and Family-Centred Care (by KPMG):
http://www.health.gov.sk.ca/Default.aspx?DN=435c79e0-67cf-47ff-a8e0-b5149de16db8

Surgical Initiative Program: Saskatchewan Surgical Initiative

Saskatchewan continued to make progress in year two of its plan to transform surgical care for patients.

The *Saskatchewan Surgical Initiative* is striving to improve surgical patients' care experience and ensure that by 2014, all patients have the option of receiving their surgery within three months.

http://health.gov.sk.ca/surgical-initiative

Saskatchewan Covered Population Report:

The *Saskatchewan Covered Population Report* is published annually by Saskatchewan Health and is a count of all persons who held Saskatchewan health coverage on June 30th of that specific year. The Covered Population is not a census since it only counts persons who are registered for provincial health coverage and not every person who may have been a resident in Saskatchewan on June 30th.

http://www.health.gov.sk.ca/population-stats

Cypress Health Employee Staffing Strategies (CHESS):

The Ministry of Health has set new targets for the Cypress Health Region to reduce costs for overtime, sick time, and workers compensation. CHESS is the acronym of a series of strategies initially implemented in 2010 by Cypress Health in response to these targets. The energetic approach to CHESS has continued to aide the Cypress Health Region in enhancing workplace excellence and identifying opportunities, challenges, and solutions to achieve our targets!

Details on the CHESS strategies can be found at: http://www.cypresshealth.ca/CHESS.htm

The Source:

The Cypress Health Region publishes a quarterly publication, *The Source,* to households and residents throughout southwest Saskatchewan. This publication is filled with health information, programs, and events offered throughout the Cypress Health Region.

Electronic versions of *The Source* can be found at: http://www.cypresshealth.ca/commnewsletters.htm

Population Health Report, 2011:

In 2011 the Cypress Health Region released its *Population Health Report*. The report brings the region more up to date with where the health of its population lies, and what health priorities need to be focused on. This health status report highlights some of the major health issues in the region, mostly over the period between 2005 and 2009 as this is the data that was currently available.

An electronic version of the complete *Population Health Report, 2011* is available at:
http://www.cypresshealth.ca/documents/PopHealthReport.pdf

Oral Health Status Report:

The *Oral Health Status Report* shows some of the oral health challenges that the Cypress Health Region faces. Furthermore the report illustrates disparities between the different populations within the region.

An electronic version of the complete *Oral Health Status Report* is available at:
http://www.cypresshealth.ca/documents/Cypress-DSR2008-09FinalSeptember2010.pdf

Patient Family Centered Care Report:

A *Patient and Family Centered Care* (PFCC) Report was prepared to highlight the benefits of PFCC and display the project plan for PFCC implementation in the Cypress Health Region. The Cypress Health Region has always been committed to the well-being of its patients and clients and continues to do so through initiatives like Patient Family Centered Care.

Patient Family Centered Care

An electronic version of the complete *Patient Family Centered Care Report* is available at:
http://www.cypresshealth.ca

Long Term Care Experience Report, 2011:

The *Cypress Health Region Long Term Care Experience Survey* describes how we are doing, from the observations of the family of Long Term Care (LTC) residents, on various aspects of care. Results are presented for all of the LTC facilities in the Cypress Health Region according to chapters representing the themes in the survey.

An electronic version of the complete *Long Term Care Experience Report, 2011* is available at:
http://www.cypresshealth.ca/documents/LTCExperienceReport-Final_Sept1511.pdf

Cypress Regional Hospital Patient Services Directory

The Cypress Health Region has developed a *Patient Services Directory* for its Regional Hospital. The directory highlights the programs and services that are available in the facility and are offered to each inpatient upon registration. Additionally, display racks are strategically placed throughout the facility for public consumption.

An electronic version of the complete *Patient Services Directory* is available at:
http://www.cypresshealth.ca/documents/patient_services_directory_final.pdf

Building Excellence in Rural Health

The Cypress Health Region created a section of its website specific to capital projects. This section, known as *Building Excellence in Rural Health*, can be viewed at the following web url: http://www.cypresshealth.ca

Building Excellence in Rural Health

Saskatchewan Health Quality Council Information:

Releasing Time to Care (RTC):

Releasing Time to Care™ is a program developed by the National Health Institute's (NHI) Institute for Innovation and Improvement that is continuing to be implemented in Saskatchewan. It is a patient-centered approach to improving the quality of care on acute care nursing units, by freeing up caregivers' time for more direct patient care.

RTC, The Productive Ward ™ (Cypress Health Region website):
http://www.cypresshealth.ca/releasingtimetocare.htm

RTC, The Productive Ward ™ (Health Quality Council website):
http://www.hqc.sk.ca/portal.jsp?QsA+X1UyFd0vRhvh6/qyPDBIzBf0QfLQkUwK4QBZaJvEYgnWT8wYaVVvI5thiwzu

RTC, The Productive Ward ™ (United Kingdom website):
http://www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html

Quality Insight: QUALITY INSIGHT
Measuring. Learning. Improving.

Quality Insight is a source of information on the quality of health care in Saskatchewan. While it is primarily designed for health care providers, managers, and leaders to support their work in making our system better and safer for Saskatchewan residents, it also provides the public with access to information about how our health system is performing.

The Cypress Health Region has been a provincial leader in making its data available to the general public through *Quality Insight*.

http://www.qualityinsight.ca

CYPRESS HEALTH REGION

REGIONAL OFFICE - 429 – 4TH Avenue NE, Swift Current, SK S9H 2J9 Telephone: (306) 778-5100 or Toll Free – 1-888-461-7443
Fax: (306) 773-9513 Email: info@cypressrha.ca Website: www.cypresshealth.ca

Please refer to our website for a complete phone listing.

The area code for all numbers listed is 306

AMBULANCE SERVICES

EMERGENCIES DIAL 9-1-1

HealthLine
1-877-800-0002
www.healthlineonline.ca

COMMUNITY HEALTH SERVICES

ALL SERVICES

Swift Current	778-5280
Rural Areas	1-866-786-2510

ADDICTION SERVICES

Swift Current	778-5280
Maple Creek	662-5340

MENTAL HEALTH

Leader	628-3166
Maple Creek	662-5339
Shaunavon	297-2644
Swift Current	778-5280
(After Hours)	778-9522

PUBLIC HEALTH

Gull Lake	778-5184
Herbert	778-5287
Leader	628-3160
Maple Creek	662-4112
Ponteix	625-5102
Shaunavon	297-2644
Swift Current	778-5280
Public Health Inspections	778-5280
Rural Areas	1-866-786-2510

COMMUNITY HEALTH SERVICES

Border Health Centre (Climax)	293-2222
Eastend Wolf Willow Health Centre	295-3534
Primary Health Care (PHC) Site	295-4184
Gull Lake Health Centre	672-4700
Hodgeville Health Centre (PHC Site)	677-2292
Ponteix Health Centre	625-3382
Prairie Health Care Centre (Cabri)	587-2623
Prairie View Health Centre (Mankota)	478-2200
Vanguard Health Centre (PHC Site)	582-2044

HOME CARE SERVICES

Cabri	587-2921
Climax	293-2241
Eastend	295-3834
Gull Lake	672-4707
Herbert	784-2466
Hodgeville	677-2292
Leader	628-3166
Mankota	478-2339
Maple Creek	662-5333
Ponteix	625-5103
Shaunavon	297-1989
Swift Current	778-9531
Vanguard	582-2044

HOSPITALS

Herbert & District Integrated Health Facility	784-2466
Leader Hospital	628-3845
Maple Creek Hospital	662-2611
Shaunavon Hospital & Care Centre	297-2644
Cypress Regional Hospital	778-9400
Day Surgery	778-9419
Diagnostic Imaging	778-9457
Emergency	778-9412
Health Records	778-9440
ICU	778-9413
Laboratory	778-9563
Medical/Surgical Floor	778-9400
Mental Health Unit	778-9522
Pre-Surgical Screening	778-9530
Social Work	778-9484
Therapy Services	778-9449
Women & Children Health Services	778-9418

LONG TERM CARE

Cypress Lodge (Maple Creek)	662-2671
Eastend Wolf Willow Health Centre	295-3534
Foyer St. Joseph Nursing Home (Ponteix)	625-3366
Gull Lake Special Care Home	672-4701
Herbert & District Integrated Health Facility	784-2466
Palliser Regional Care Centre (Swift Current)	778-5160
Prairie Health Care Centre (Cabri)	587-2623
Prairie Pioneer Lodge (Swift Current)	778-5192
Prairie View Health Centre (Mankota)	478-2200
Shaunavon Hospital & Care Centre	297-1980
Swift Current Care Centre	773-9371
Western Senior Citizens Home (Leader)	628-3565

SOUTHWEST TRAUMATIC EVENTS RESPONSE TEAM (TERT)

	778-5280
(After Hours)	778-9522

CONCERNS, COMPLIMENTS, COMMENTS

778-5115 or 1-888-461-7443

Email: comments@cypressrha.ca

Temporary Disruptions: 1-888-461-7443

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2012

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